

SEXUAL HARASSMENT AND COPING STRATEGIES AMONG STUDENTS OF  
THE SCHOOL OF NURSING, UNIVERSITY COLLEGE HOSPITAL,  
IBADAN

BY

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## **DEDICATION**

This work is dedicated to God Almighty, the source of all good gifts who has made the work a reality.

To my father; Late Pa S.A. Omotoso, my loving mother; Mrs. A. Omotoso, my wonderful spouse; Mrs B.T. Omotosho and my children; Praise, Melody and Song.

### **CERTIFICATION**

I certify that this work was carried out by **OMOTOSHO Isaac Kayode** in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Ibadan, Nigeria, under my supervision.

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## ABSTRACT

Sexual Harassment (SH) which covers a continuum of behavioural patterns ranging from unwanted verbal advances to physical assault constitutes a major reproductive health concern worldwide. In Nigeria, studies have shown that students in institutions of higher learning are vulnerable to SH. However, its prevalence among student nurses has not been adequately explored. This study therefore determined the prevalence of SH among students of School of Nursing, University College Hospital (SNUCH), Ibadan.

The descriptive cross-sectional study involved the use of a two-stage sampling technique in selecting 250 consenting nursing students at different levels of study at SNUCH. A pre-tested self-administered questionnaire containing information relating to students' perception and prevalence of SH, its perpetrators, places of occurrence, types, consequences as well as coping strategies employed by victims was used for data collection. Descriptive and Chi-square statistics were used to analyze the data at 0.05 level of significance.

Respondents' mean age was  $23.0 \pm 4.1$  years and 78.8% were females. Most respondents (91.2%) perceived SH to be common in the school. Fifty-eight percent of respondents comprising 11.6% males and 46.4% females had ever been sexually harassed. The main perpetrators of SH against female students included male resident doctors (24.5%), male patients (11.3%), male friends (7.5%), and male medical students (5.7%). Main harassers of males were female colleagues (44.8%) and female patients (20.7%). Common SH experienced included: unwanted body contact (79.3%) breast contact (67.6%), enticement (45.5%), attempted rape (39.3%) and unwanted kiss (26.3%). Perceived predisposing factors to SH included suggestive dressing (55.2%) and peer influence (56.0%). Places where SH occurred included hospital premises (28.2%), party (26.8%), reading rooms (20.0%) and classrooms (17.2%). The experienced adverse consequences included hatred (80.8%), depression (68.4%), fear of possible reoccurrence (74.8%) and loss of concentration on academics (68.0%). Significant association existed between respondents' perception of prevalence of SH and experience of SH.

Attending parties and wearing suggestive dresses were positively associated with incidence of SH. Though coping strategies adopted by the respondents was reported to be ineffective, the ones peculiar to males included reporting to school authority (72.0%), lecturers (62.1%) and confrontation (55.2%) while those peculiar to females

included ignoring perpetrator (71.6%), avoidance (83.6%) and breaking relationship (85.3%). More males (82.7%) were dissatisfied with coping strategies employed than females (52.6%). More respondents in Basic Nursing programme (60.1%) were satisfied with coping strategies employed than their counterparts in Midwifery (45.0%), Perioperative (50.0%) and Occupational Nursing (40.0%). Fifty-seven percent of respondents were dissatisfied with handling SH personally while only 11.6% were satisfied with how reported cases were handled by the school authority.

Sexual harassment is prevalent among the students of SNUCH, with females being more affected and coping strategies adopted were ineffective and unproductive. Institutional based interventions such as sensitization, coping strategy skills development, legislation and punitive policy reviews are needed to address these concerns.

**Key words:** Sexual harassment, Nursing students, Coping strategies

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## ACRONYMS

AAUW	American Association of University Women
AIDS	Acquired Immune Deficiency Syndrome
ANO	Assistant Nursing Officer
ASNO	Assistant Senior Nursing Officer
CNO	Chief Nursing Officer
CPSH	Contra power Sexual Harassment
CRHEN	Commission on Review of Higher Education in Nigeria
CREN	Committee on Review of Education in Nigeria
EECO	Equal Employment Opportunity Commission
E.M.	Ecological Model
FGM	Female Genital Mutilation
HIV	Human Immunodeficiency Virus
HTP	Harmful Traditional Practices
NCWGE	National Coalition of Women and Girls Education
NGO	Non Governmental Organization
SH	Sexual Harassment
SHED	Sexual Harassment in Education
SNO	Senior Nursing Officer



SNUCH	School of Nursing, University College Hospital
SPSS	Statistical Package for Social Science
TDK	Türk Dilve Tarih Kurumu
UCH	University College Hospital
UNZA	University of Zambia
USA	United States of America
WHO	World Health Organization

## CHAPTER ONE

### INTRODUCTION

#### **Background to the study**

Sexual harassment has been described as any unwelcome sexual advances, requests for sexual favours or other physical and expressive behaviour of a sexual nature (Bonnie 2009). It is aggravated when (1) such conduct is made either explicitly or implicitly a term or condition of an individual's employment, academic success and any other right, or (2) Submission to or rejection of such conduct by an individual is used as the basis for academic, employment and other decisions affecting the individual or (3) such conduct has the purpose or effect of substantially interfering with an individual's academic or professional performance or of creating an intimidating hostile or offensive environment (Ladebo, 2003). Such unwelcome sexual advances could include unwanted and unwelcomed words, deeds, actions, gestures, symbols, or behaviours of a sexual nature that make the target feel uncomfortable (Critina, 2012).

The victim as well as the harasser may be a woman or a man. The victim does not have to be of opposite sex. The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, co-student or a non-employer. The victim may not be the person harassed but could be anyone affected by the offensive conduct. Unlawful sexual harassment may occur without economic injury to or discharge of the victim. The harasser's conduct must be unwelcome (U.S. equal employment opportunity commission). Sexual Harassment may take various forms like visual such as gestures, objects, pictures, posters and pinups; verbal: such as derogatory comments, jokes and demands as well as; physical: unwanted touching coerced kissing and others.(Taiwo, Omole and Omole 2014)

Globally, Sexual harassment has posed a great concern to authorities and governments. Researches have demonstrated the growing prevalence of sexual harassment across the continent, industries and occupations as well as the associated negative outcomes (Corgin and Fish 2009)

In Nigeria, the prevalence of sexual harassment trails the global trend, though sexual harassment in Nigeria appears to be under-researched and even less reported (Ladebo 2003), Kelly (2000) found that both employees and students experience sexual harassment with a proportion of 62 and 43 percent respectively while students (41 percent) are more likely to be the target of unwanted sexual attention than are employees (30 percent).

Sexual harassment existed long before the term was coined in 1975. Sexual harassment in the nursing profession was first reported/observed during Crimean War where by drunken non-commissioned officers; male porters loitering in hospital stairwells, made themselves objectionable to student nurses and maltreatment by male physicians and surgeons (Kaye 2000). According to Kaye, as a predominantly female profession, nursing faces several gender related oppression issue (e.g. understanding, occupational hazards, low job mobility and pay). Nurses continue to experience sexual harassment and hostile work environment despite legislations designed to censure offenders. This type of legislations is however lacking in developing nations (Kaye 2000).

Various researches conducted in different centres at different times reveal high prevalence of SH. For instance , a research conducted in Isreal (2003) revealed 90% prevalence while in Lima, Peru, sexual harassment was over 50% prevalent (Bronner,2003). Also, in Japan, SH recorded 55% prevalence (Yuri, Keiki and Michion, 2006). In the United Kingdom, a research conducted among students of higher medical schools revealed a 35% prevalence with patients , male doctors and male nurses being the predominant perpetrators (Sava, Finis and Lan 2007).

Sexual harassment in Nigerian Universities appears to be under researched and less reported. The commission on the review of higher education in Nigeria (CRHEN) has suggested that the phenomenon is gradually assuming critical dimension in Nigeria's higher education Institution. A study of four Nigerian Universities revealed that students identified sexual harassment as being among the stressors hindering academic work (Ladebo 2001). Another survey of teachers' and students' perception of sexual

harassment in tertiary institutions in Nigeria revealed that majority of the respondents agreed that SH is prevalent in schools (Aluede, Imokhire and Idogho .2011).

The consequences of sexual harassment vary from person to person and upon the degree to form of harassment. According to Bonnie (2009), victims of sexual harassment may experience fear, intimidation harassment, shame, and helplessness (Aluede, Imokhire and Idogho .2011). Researchers have also established other consequences from sexual victimization and or harassment as mental and physical consequences (Careln 2004). Some researchers, who worked on sexual assault also came out with consequences such as fear, anger, depressions, post traumatic stress disorder, suicidal feelings and low self esteem as common with many survivors (Neville, Heppner, Oh, Spanierman, & Clark, 2004).

Reporting culturally sensitive responses by African American who survived sexual assault, Matson (2006) and Campbell & Raja (2005) identified mistrust and negative attitude towards men, avoidance of sexual relationship, self guilt, depression, distrust and reluctance in seeking help probably from the opposite sex as reactions to cases of sexual harassment. As sensitive and painful as sexual harassment and related acts like sexual assault, sexual victimization, sexual violence etc are, there is gross under reporting of occurrences. Despite its negative physical and psychological effects on victims sexual harassment incidents are seldom reported by victims (Ladebo, 2003)

In a research conducted in south western part of Nigeria, of the eight rape victims who were interviewed in depth, only two had revealed the incident to anyone (Ajuwon 2005). Also, Ellsberg, Winkvist and Pena (2001) reported as further difficulty, that women are typically more reluctant to discuss sexual abuse by non-partners than by partners and therefore special methods are needed to encourage disclosure.

Bonnie (2009) stated some reasons why incident of sexual harassment sometimes go unreported by victims: Victims believe the harassment will stop if it is ignored, they are afraid no one will believe them, they feel intimidated, embarrassed, ashamed, or helpless, they are unfamiliar with college polices and complaint-resolution producers relating to sexual harassment(where it is in existence), they fear retaliation from the harasser, his or

her colleagues, or the college, and they assume the harasser will not face any consequences, even if the allegations are proven to be true.

In the light of the above, what readily comes to mind is what coping strategies are employed to cope with the situations? According to Kelly and Parsons (2000), most victims of sexual harassment exhibit avoidance behaviour, for example, staying away from the aggressor or from the cases, victims blamed themselves for the situation, while others confide in friends or family members.

Religion, faith and spiritualism may be a source of comfort for some survivors as well. The victim could read journals or listen to music. In addition, activism, organizations, church or mosque, education and media campaigns could be employed. West (2000), The United State Equal Employment Opportunity Commission (2002) suggested that it is helpful for the victim of sexual harassment to directly inform the harasser that the conduct is unwelcome and must stop. The victim should use any employer complaint mechanism or grievance system available. The body also suggested that prevention is the best tool to eliminate sexual harassment in the work place. Bonnie (2009) identified the role of college authorities in assisting students to avert incidence of sexual harassment when he reported about Ithaca College, USA.

### **Statement of problem**

Although the subject of sexual harassment evokes spontaneous reaction from people whenever and wherever it is mentioned, there is no legislation in Nigeria that explicitly penalizes sexual harassment at work, including academic environments. Sexual harassment is yet to be officially recognized as the violation of the rights of an individual. Organizations and Institutions often view it as two persons' personal problem (Kelly and Parsons 2000). Whereas, the problem of sexual harassment constitutes more health hazards to both victims and the entire community where it is being perpetrated than could be imagined as many emotional, physical, intrapersonal and societal challenging health issues are associated with the phenomenon.

In the last few years, the issue of gender violence has moved steadily up the world's agenda. Sexual, physical and psychological violence causes as much of a burden of ill health and death among women aged 15 to 44 as cancer - and more than malaria and traffic accidents combined. But the fact that so many women are abused, mostly by men they know, is still something that most people don't want to think about - and which legislation and policy are only slowly addressing (Mirsky, 2003). Sexual violence and harassment in schools, universities and higher education institutes, is even further from people's minds. Educational institutions are supposed to be places of growth and learning for students. As such, they are regarded as "safe". But this is not always the case. Recent research studies worldwide reveal that sexual violence in the education sector is an unaddressed problem. It ranges from groping female students in the cafeteria queue, to rape. Often it involves peers, but teachers and other staff are also perpetrators (Kelly and Parsons, 2000). Male and female students are both affected, but there is a significant gender gap, with girls and young women experiencing much higher levels of violence, reflecting broader gender inequalities in society.

Sexual violence and harassment violates women's and girls' human rights and damages their physical and psychological health. It undermines the pursuit of internationally agreed public health goals to enable adolescents to deal in a positive way with their sexuality, and to reduce unintended pregnancies and sexually transmitted infections including HIV infection. For girls and young women, it severely limits their ability to achieve their educational potential. For society, therefore, it undercuts the transformative power of education. Female education has been shown not only to contribute to improved family health but to be a major driver of social and economic development. Increasingly, universities and other colleges are making efforts to draw on the lessons of sexual violence research and activism and the experience of sexual harassment policies in the workplace, which is in itself a faulty procedure, to develop guidelines for students and staff. A wide range of strategies is required, from effective legislation and clear policy guidelines to age-appropriate educational initiatives incorporated in life skills, sexuality, HIV/AIDS education and the broader curricula. For younger students, issues need to be addressed in a way that is in keeping with their cognitive and emotional development. So,

addressing and preventing sexual violence in the educational sectors is complex, due to the age range of students and the professional responsibilities - and power - held by teachers (Owoaje, and Olusola, 2009). Concepts such as equality and rights can be raised within the context of promoting respectful, loving relationships, or within conflict resolution and anti-bullying strategies (Mirsky, 2003).

### **Justification of study**

According to the Commission on the Review of Higher Education in Nigeria (CRHEN) sexual harassment in Nigerian Universities is gradually assuming critical dimension because the phenomenon is under-researched and even less reported (Ladebo 2001).

Since Nursing, being a predominantly female profession, is facing several gender related oppression issues like understanding, occupational hazards, low job mobility etc. Nurses continue to experience sexual harassment and hostile work environment (Ladebo 2003). A research study on the Prevalence of Sexual Harassment and coping strategies among students of University College Hospital School of Nursing will assist in identifying salient issues towards dealing with the problem.

The result of this study reveals the prevalence of sexual harassment among the Nursing students, this will allow the concerned authorities to plan effective intervention programmes aimed at reducing incidence of the problem.

Also, this research is saddled with the task of identifying the kinds of sexual harassment and its perpetrators. This will suggest measures that could be developed to reduce incidence of the act as well as necessary intervention about the perpetrators.

Through this research, the consequences of sexual harassment among the student Nurses were documented. This will help in identifying effective management strategies.

This work also documented the coping strategies employed by the Nursing students against sexual harassment and how effective the coping skills are, this will assist in suggesting more effective coping strategies or training needs.

### **Research questions**

1. What is the perception of nursing students of U.C.H School of nursing about SH?
2. What is the prevalence of SH among the study population?
3. What are the types of SH commonly experienced in the environment?
4. Who are the perpetrators of SH among student nurses?
5. What are the perceived predisposing factors to experience of SH?
6. Where does SH occur more frequently in the environment?
7. What are the consequences of SH on student's academic and social life?
8. What coping strategies do the students adopt against SH?
9. How satisfied are the the students about coping strategies employed?

### **General objective**

The general objective of this research work was to investigate the the perception, prevalence, types, perpetrators, predisposing factors, places of occurrence, as well as consequences of sexual harassment and coping strategies among students of the University College Hospital School of Nursing, Ibadan.

### **Specific objectives**

The specific objectives of this study were to:

1. Investigate the perception of student nurses about SH
2. Determine the prevalence of SH among nursing students of U.C.H Nursing School
3. Identify the types of SH commonly experienced among the students.
4. Investigate the perpetrators of SH in the environment
5. Investigate the perceived predisposing factors to SH
6. Identify places where SH occur most commonly in the environment.
7. Examine the consequences of SH on the academic and social life of students.
8. Identify the coping strategies adopted by the Nursing students
9. Assess the satisfaction of the students with the coping strategies employed.



### **Hypotheses**

1. There is no significant association between perception of SH and prevalence of SH.
2. There is no significant association between attending social parties and incidence or experience of SH.
3. There is no significant association between wearing suggestive dresses (like mini & micro body lug, harmless, jumper etc.) and experience of SH.
4. There is no significant association between course of study and experience of SH.
5. There is no significant relationship between sex and satisfaction of coping strategies employed against SH.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **Concept of Sexual Harassment**

In every human society where there is interaction between opposite sex, some levels of sexual attraction is expected. When this occurs, mutual interest and reciprocal response defines a civilized and socially acceptable sexual behaviour. However, the increasing manifestation of social vices of sexual nature in societies continuously undermine the expected dignity and serenity of human existence, one of such is sexual harassment that has continued to attract the attention of researchers and the media as a common phenomenon in all domains of human community including higher education Institutions. This abnormal, antisocial behaviour has been accepted as a norm within the higher education institutions Nigeria and overseas. The prevalence of sexual harassment in higher institutions in Nigeria can be attributed to the poor quality of graduates being produced. Previous studies on this subject have provided various definitions of sexual harassment.(Taiwo et al 2014)

#### **Conceptual definition of Sexual Harassment**

The University of Virginia defines sexual harassment as “unwelcome sexual advances, requests for sexual favours, other verbal or physical conduct, or written communications of a sexual nature when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment or educational experience;
2. Submission to or rejection of such conduct is used as the basis for employment or academic decisions affecting such individual; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual’s work, academic performance, or participation in extracurricular activities, or creating an intimidating, hostile or offensive working or learning environment (U.S. Equal Employment Opportunity Commission, 2002).

Sexual harassment is intimidation, bullying or coercion of a sexual nature, or the unwelcome or inappropriate promise of rewards in exchange for sexual favours (Paludi,

Michele & Barickman, (1991). In some contexts or circumstances, sexual harassment may be illegal. It includes a range of behaviour from seemingly mild transgressions and annoyances to actual sexual abuse or sexual assault (U.S. Equal Employment Opportunity Commission, 2002). Sexual harassment is a form of illegal employment discrimination in many countries, and is a form of abuse (sexual and psychological) and bullying. For many businesses, preventing sexual harassment, and defending employees from sexual harassment charges, have become key goals of legal decision-making. In contrast, many scholars complain that sexual harassment in education remains a "forgotten secret," with educators and administrators refusing to admit the problem exist in their schools, or accept their legal and ethical responsibilities to deal with it (Dziech, 1990).

Babylon English dictionary, describes sexual harassment as "pestering one due to his/her gender or sexual orientation" (Aluede, Imokhire and Idogho .2011). Sexual harassment is harassment or unwelcome attention of a sexual nature. It includes a range of behaviour from mild transgressions and annoyances to serious abuses, which can even involve forced sexual activity. (WHO 2009). Sexual harassment is considered a form of illegal discrimination in many countries, and is a form of abuse (sexual and psychological) and bullying. (Boland, 2002)

One of the difficulties in understanding sexual harassment is that it involves a range of behaviour, and is often difficult for the recipient to describe to themselves, and to others, exactly what they are experiencing. Moreover, behaviour and motives vary between individual harassers.

### **Types of Sexual Harassment**

Dzeich et al has divided harassers into two broad classes:

- Public harassers are flagrant in their seductive or sexist attitudes towards colleagues, subordinates, students, etc.
- Private harassers carefully cultivate a restrained and respectable image on the surface, but when alone with their target, their demeanour changes completely.

Langelan describes three different classes of harassers.

- Predatory harasser who gets sexual thrills from humiliating others. This harasser may become involved in sexual extortion, and may frequently harass just to see how targets respond--those who don't resist may even become targets for rape.
- Dominance harasser, the most common type, who engages in harassing behavior and sees the act as an ego boost.
- Strategic or territorial harassers who seek to maintain privilege in jobs or physical locations, for example a man's harassing female employees in a predominantly male occupation.

#### **Sexualized environments (environmental harassment)**

Sexualized environments are environments where obscenities, sexual joking, sexually explicit graffiti, viewing Internet pornography, sexually degrading posters and objects, etc., are common. None of these behaviours or objects may necessarily be directed at anyone in particular or intended as harassment. However, they can create an offensive environment, and one that is consistent with "hostile environment sexual harassment" (Dzeich, Wright and Weiner 1990).

#### **Rituals and initiations**

Sexual harassment can also occur in group settings as part of rituals or ceremonies, such as when members engage newcomers in abusive or sexually explicit rites as part of hazing or initiation. While such traditions have historically remained in arenas of male bonding or female bonding, such as (team sports, fraternities, and sororities) it is becoming increasingly common for girls/women's groups to engage in similar ceremonies. (Uwem 2004).

#### **Forms of sexual harassment**

Sexual abuse, assault, and harassment are so interwoven that one can hardly talk of one without overlapping into the other. Clear operational definitions are difficult to come by, because the distinctions are often subtle and varied according to the interpretations of the victim, varying cultural perspectives, and differences in the way males and females view

individual occurrences. The application of definitions, even when such are clearly delineated, is often difficult or impossible, because particular cases frequently involve a combination of various actions which cannot be separated out. Whatever form these actions take, they usually share a common motivation: to gain and sustain dominance and control over the victim. Sexual harassment, abuse, and assault in Nigeria constitute a major component of violence against women, since it is often associated with male dominance, although a variety of assaults are common among adolescents, peer groups, and adults of either gender (Uwem 2004).

### **Sexual Abuse**

Sexual abuse is here defined as someone forcing another to engage in sexual activity, or interfering with someone's sexuality, against his or her will and without his or her consent. Such abuse, which may involve a male and a female or persons of the same gender, may result in, or is likely to result in, physical, sexual, or psychological harm or suffering to the victim. Abuse, in private or in a public place, can range from being kissed without one's consent to touching the sex organs to forced sexual intercourse. Sometimes, sexual abuse can occur between an adult and a child or teenager. Most commonly, however, sexual abuse occurs among people with a personal relationship or where they have had such a relationship in the past. While terms such as sexual assault, sexual coercion, and sexual aggression are sometimes used as synonyms for sexual abuse, in Nigeria sexual abuse includes the following acts: verbal aggression/assault, unwanted physical touch, rape, incest, child prostitution, female genital mutilation (FGM), (Uwem 2004).

### **Unwanted Physical Touching**

It is not uncommon in public places such as work and school, especially colleges, for women to experience physical touch with a sexual connotation. This can involve patting the buttocks (bum-patting), open display of sexist images, rubbing of the body, and more-overt molestation. In Nigeria, it is difficult to take these particular types of abuse too far, because they are not viewed with any legal seriousness. Perhaps one of the reasons for this is the fact that Nigerians are known to be warm and close people, where touching is generally seen as an act of kindness and friendship. However, where it involves an adult

male touching the genitalia of a child, particularly of the opposite sex or when a subordinate person is at the mercy of an higher authority to enjoy certain benefits with demands for sexual favours as prerequisite for such benefits, it is viewed with more seriousness.(Ogunbameru 2006)

### **Verbal Assault**

Verbal assault or aggression occurs when words are used to control, dominate, and intimidate the victim by yelling, insulting, speaking unkindly, and name calling. Other forms of verbal assault involve judging and criticizing; discounting what the other says, feels, or thinks, and in repeatedly disagreeing with the victim. Verbal assaults can be very psychologically damaging, making the victim feel dehumanized and belittled. This can lead to serious emotional health problems. Verbal abuse also very often leads to physical assaults. Unlike other forms of violence, verbal assaults are not primarily limited to males against women; they are perpetrated by both sexes and in all age groups.(Ogunbameru 2006)

### **Indecent Assaults**

Section 360 of the Criminal Code provides that: “any person who unlawfully and indecently assaults a woman or girl is guilty of a misdemeanour, and is liable to imprisonment for two years.” However, according to section 353 of the same Code, this felony is punishable with three years imprisonment when the victim is a male, rather than two years as in a case of female victims. A fundamental principle of criminal law is that all persons should be equally protected from harm of like degree. It is hard to see any justification for creating different offences with different penalties to cover the same conduct for persons of different sexes. (Uwem 2004).

### **Perpetrators of Sexual Harassment; The Harasser**

Sexual harassment can occur in a variety of circumstances. Often, but not always, the perpetrator is in a position of power or authority over the victim (due to differences in age, or social, political, educational or employment relationships). Forms of harassment relationships include:

- The harasser can be anyone, such as a client, a co-worker, a teacher or professor, a student, a friend, or a stranger.

- While adverse effects on the victim are common, this does not have to be the case for the behavior to be unlawful.
- The harasser does not have to be of the opposite sex.
- The harasser may be completely unaware that his or her behavior is offensive or constitutes sexual harassment or may be completely unaware that his or her actions could be unlawful. Adapted from the U.S. EEOC definition

There is usually more than one type of harassing behaviour present, so a single harasser will often fit more than one category. These are brief summations of each type.

- Power-player - Legally termed "quid pro quo" harassment, these harassers insist on sexual favours in exchange for benefits they can dispense because of their positions in hierarchies: getting or keeping a job, favourable grades, recommendations, credentials, projects, promotion, orders, and other types of opportunities.
- Mother/Father Figure (a.k.a. The Counselor-Helper) - These harassers will try to create mentor-like relationships with their targets, all the while masking their sexual intentions with pretences towards personal, professional, or academic attention.
- One-of-the-Gang - harassment occurs when groups of men or women embarrass others with lewd comments, physical evaluations, or other unwanted sexual attention. Harassers may act individually in order to belong or impress the others, or groups may gang up on a particular target.
- Third Party sexual harassment - describes sexual harassment of employees or peers who are not themselves the target of the harassment; this includes groping. Third-party sexual harassment may be either quid pro quo or hostile environment.
- Serial Harasser - Harassers of this type carefully build up an image so that people would find it hard to believe they would do anyone any harm. They plan their approaches carefully, and strike in private so that it is their word against that of their victims.

- Groper - Whenever the opportunity presents itself, these harassers' eyes and hands begin to wander, engaging in unwanted physical contact that may start innocuous but lead to worse acts of indecency.
- Opportunist - Opportunists use physical settings and circumstances, or infrequently occurring opportunities, to mask premeditated or intentional sexual behaviour toward targets. This will often involve changing the environment in order to minimize inhibitory effects of the workplace or school or taking advantage of physical tasks to 'accidentally' grope a target.
- Bully - In this case, sexual harassment is used to punish the victim for some transgression, such as rejection of the harasser's interest or advances, or making the harasser feel insecure about himself or herself or his or her abilities. The bully uses sexual harassment to put the victim in his or her "proper place."
- Confidante - Harassers of this type approach subordinates, or students, as equals or friends, sharing about their own life experiences and difficulties, sharing stories to win admiration and sympathy, and inviting subordinates to share theirs so as to make them feel valued and trusted. Soon these relationships move into an intimate domain.
- Situational Harasser - Harassing behaviour begins when the perpetrator endures a traumatic event (psychological), or begins to experience very stressful life situations, such as psychological or medical problems, marital problems, or divorce. The harassment will usually stop if the situation changes or the pressures are removed.
- Pest - This is the stereotypical "won't take 'no' for an answer" harasser who persists in hounding a target for attention and dates even after persistent rejections. This behaviour is usually misguided, with no malicious intent.
- Great Gallant - This mostly verbal harassment involves excessive compliments and personal comments that focus on appearance and gender, and are out of place or embarrassing to the recipient. Such comments are sometimes accompanied by leering looks.



- Intellectual Seducer - Most often found in educational settings, these harassers will try to use their knowledge and skills as an avenue to gain access to students, or information about students, for sexual purposes. They may require students participate in exercises or "studies" that reveal information about their sexual experiences, preferences, and habits.
- Incompetent - These are socially inept individuals who desire the attentions of their targets, who do not reciprocate these feelings. They may display a sense of entitlement, believing their targets should feel flattered by their attentions. When rejected, this type of harasser may use bullying methods as a form of revenge.
- Stalking - There is often a sexual component to stalking, which becomes especially evident if the stalker observes the stalked at all times, including uses of the restroom.

Unintentional - Acts or comments of a sexual nature, not intended to harass, can constitute sexual harassment if another person feels uncomfortable with such subjects.

#### **Psychology and behaviours of teachers who sexually harass students**

- Most complaints about teachers' behaviour tend to centre around what is felt to be inappropriate speech in a class or discussion, such as using sexist or sexual references to make a point. However, some teachers can take things to a more extreme degree. Students are dependent on their teachers' approval for academic success, opportunities, and later career success. They will talk about personal issues, such as problems at home, or with boyfriends/girlfriends. Such closeness and intimacy can blur the professional boundaries and lead people—both school employee and students alike to step over the line. Martin writes,
- "...teachers hold positions of trust. They are expected to design teaching programmes and carry out their teaching duties to help their students develop as mature thinkers. This may involve close working relationships in tutorials or laboratories, individual meetings to discuss projects or essays, and more casual occasions for intellectual give and take. For impressionable young students, the boundaries between intellectual development and personal life may become

blurred. In this situation, some academics easily move from intellectual to personal to sexual relationships." (Martin, 1993).

A teacher who harasses a student may be doing so because he or she is experiencing the stress from various personal problems or life traumas, such as marital trouble or divorce, a professional crisis, financial difficulties, medical problems, or the death of a spouse or child. Even though the behaviour is unacceptable, it can be a symptom of the effects of such stresses, and may stop if the situation changes, or the pressures are removed (Prekel, 1999).

### **Sexual relationships between students and teachers**

The most common trend of sexual harassment in the higher educational institutions is sexual advances from male lecturers to female students confirming the unequal power relations where the perpetrator occupies a higher and influential position of authority over the victim as affirmed by previous study. There are also incidences of sexual harassment from male students to female students and some extreme cases of rape where the female student refuses to respond to initial advances. This is also a manifestation of unequal power relation and a gender based violence that impacts negatively on human rights. Some female students who are lazy in their studies sometimes motivate the male lecturers into an unethical relationship with a view to ‘use what they have to get what they want’ which is a common slogan among such female students who will not attend classes, sit for any form of assessment and would desire to pass their examinations.

There has been debate over whether or not sexual interactions and relationships between students and teachers constitute abuse, or if there are benefits that outweigh the risks. In Britain, sexual relationships between students under the age of 18 were not outlawed until 2003 in The Sexual Offences Act (Cristina, 2009).

While a sexual relationship with pupils under the age of 18 is illegal in the U.S., this is not the case in higher education. Jane Gallop argues that students learn more effectively in a sexually charged atmosphere. In her book, she describes the separate occasions she slept with two male professors on her dissertation committee, and when

she first began sleeping with her own students as an assistant professor. (Gallop, 1997). In her September 2001 essay in Harper's Magazine, *The Higher Yearning*, academic Cristina Nehring celebrated the educative nature of such sexual relationships: "Teacher-student chemistry is what fires much of the best work that goes in universities, even today" (Gallop, 1997).

However, in recent years, there has been controversy over even consensual sexual interactions between students and teachers, especially within the last decade. Like many, Gallop asserts that the relationship between a teacher and a student is very much like that of a parent and a child. (Gallop, 1997) However, it is this parallel that many say is the reason teacher-pupil sexual contact and relations are immoral because they are too closely akin to incest, and similar long-term damages can result. Some draw parallels with the phenomena of therapist abuse, or priest abuse. (Martin, 1993) of his sexual relationship with Gallop at Cornell, Richard Klein admitted, "For decades I have felt guilt and shame for having performed toward her in a way that was unprofessional, exploitative, and lousy in bed".

Many experts argue that even consensual sexual interactions between students and teachers constitute sexual harassment. The most commonly expressed concern is over whether "mutual consent" can exist in a relationship where there is such a disparity in power between the people involved. Because of this, more and more schools are adopting policies that forbid amorous relationships between students and professors "in the instructional context" even when they are consenting (Smithson, 1990). Dzeich et al. writes:

"Physical intimacy with students is not and will never be an acceptable behaviour for academicians. It cannot be defended or explained away by evoking fantasies of devoted professors and sophisticated students being denied the right to 'true love.' Where power differentials exist, there can be no 'mutual consent.'" (Dzeich et al., 1990).

In an interview with the *Chronicle of Higher Education*, a dean at the University of Texas at Austin stated he'd like to crack down on consensual relationships between professors and students. "Wait until she graduates," he says he tells male professors. "We have a kind of sacred trust to the students," he explains. "They're coming here to

get us to evaluate what their abilities are and what their future could be. These relationships poison the whole academic well". Dzeich argues that much damage occurs because of the betrayal by someone that the student trusted and respected. Moreover, seduction attempts which are masked by pretences to academic and personal attention are particularly damaging because the student feels complicit in their own abuse (Dzeich, 1990).

### **Dimensions of Sexual Harassment**

In Nigeria, as elsewhere around the world, sexual harassment is commonly perpetrated by men against women. However, a few cases have been reported of Nigerian female executives harassing their subordinates. Also on record are a few cases of sexual harassment by female college students against their male lecturers. Even though it is common knowledge that sexual harassment of females by males occurs in public spaces, such as the workplace, school, market, and street, it is often very difficult to prove such in a traditional society such as Nigeria, where the behaviour correlates with the society's gender power differentials.(Aluede 2000).

In the workplace, sexual harassment has been manifested in limiting the female to designated sex roles through blackmail or other means. For example, in labour unions, an assertive woman unionist is looked on as defiant. This also occurs when women try to move into professional jobs that are believed to be the exclusive preserve of men. In a research work very applicable to the Nigerian situation, Dr. Madeline Heilman of New York University showed that there is a general consensus that pretty career women have problems on the job. Heilman found that when an attractive woman is looking for lower-level jobs, her looks could earn her a plus. However, when she is in a managerial position, competing with a good-looking man puts her at a disadvantage. A good-looking man is seen as competent, tough, decisive, and hard-nosed, whereas an attractive woman with the same qualifications, background, experience, and recommendation is dismissed as gentle, soft, and indecisive (American Association of University Women, 2006).

Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964. Unwelcome sexual advances, requests for sexual favours, and other

verbal or physical conduct of a sexual nature constitutes sexual harassment when submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment. Sexual harassment can occur in a variety of circumstances, including but not limited to the following:

- The victim as well as the harasser may be a woman or a man. The victim does not have to be of the opposite sex.
- The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.
- The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.
- Unlawful sexual harassment may occur without economic injury to or discharge of the victim.
- The harasser's conduct must be unwelcome.(Adetunji, 2008).

It is helpful for the victim to directly inform the harasser that the conduct is unwelcome and must stop. The victim should use any employer complaint mechanism or grievance system available. When investigating allegations of sexual harassment, EEOC looks at the whole record: the circumstances, such as the nature of the sexual advances, and the context in which the alleged incidents occurred. A determination on the allegations is made from the facts on a case-by-case basis.(Gaba, 2010).

### **Sexual harassment in education**

Sexual harassment in education is unwelcome behaviour of a sexual nature that interferes with a student's ability to learn, study, work or participate in school activities. In the U.S., it is a form of discrimination under Title IX of the Education Amendments of 1972. Sexual harassment involves a range of behaviour from mild annoyances to sexual assault and rape (Dzeich, Wright and Weiner, 1990), American Association of University Women, 2006.

The definition of sexual harassment includes harassment by both peers and individuals in a position of power relative to the person being harassed. In schools, though sexual harassment initiated by students is most common, it can also be perpetrated by teachers or other school employees, and the victim can be a student, a teacher, or other school employee. Sexual harassment of students by teachers or other school employees can cause particularly serious and damaging consequences for the victim (American Association of University Women, 2006).

While sexual harassment is legally defined as "unwanted" behaviour, many experts agree that even consensual sexual interactions between students and teachers constitutes harassment because, they say, the power differential creates a dynamic in which "mutual consent" is impossible (Dzeich, Wright and Weiner, 1990; (American Association of University Women, 2006).

### **Sexual Harassment in Africa**

In the African context, like in all parts of the world, Sexual harassment has been described as unsolicited, unwelcome and unreciprocated sexual overture from a person to elicit unwanted sexual relations from another person. This includes any inappropriate sexual overture, subtle and unsubtle persistent behaviour, assault and actual sexual abuse that may be expressed physically, verbally or non-verbally, usually from someone with a higher power or at a vantage position to less a privileged person. Sexual harassment in schools has also been described as an unwelcome behavior of a sexual nature that makes you feel uncomfortable, fearful or powerless, and interferes with your schoolwork.

In a research conducted at the University of Ibadan, Nigeria, it was reported that gender differences in perception of sexual harassment among students was necessitated by the Sexual harassment is a global issue that has permeated the fabrics of higher education institutions and many workplaces as long as humans (males and females) have reasons to interact. Sexual harassment in universities and other higher education institutions is not limited to Africa. As a global challenge, sexual harassment deserves to be mainstreamed into academic curriculum, particularly for reducing vulnerability among students and

increasing access to restorative care of victims. Universities in Ghana and Tanzania have already integrated sexual harassment into course modules on Gender, Power and Sex to address the challenge of male lecturers demanding sex from female students in exchange for grades as a right (Taiwo et al 2014.).

In Ghana, West Africa, a research conducted among students of Public Medical Schools reported sexual harassment as a social problem and a public health concern in many organizations including academia, Words like “unwanted”, “non-consensual”, “offensive”, “unwelcome” sexual to demonstrate understanding by the respondents included “...forcing sex on another”, “seeking sexual favours” “offering gifts or dates that are unwelcome” .The way victims appraise SH is important in establishing whether or not there has been such a behavior. The majority of the respondents were between ages 20 and 24 with 63.3% being females. About 94.6% (157/389) of the females were single while 96.2% (229/389) of the males were single. In the case of both the female and male victims, the latest incident of harassment occurred the first year of medical school with each group registering 30.6% and 45% respectively. Harassment of the females gained momentum in the second year, where 36.1% of them were victims compared to 30% of the males that were victims in their first years.( Norman, Aikins, and Binka 2013) Victims reported various significant health effects as a result of their latest sexual harassment incident. All victims of harassment claim they did not require or receive medical assistance or counseling. However, female victims seemed to cope better except for “Loss of trust for school authorities” . Perhaps this is due to the fact that majority of the females were harassed by their Lecturer/Instructor/Supervisor. .( Norman, MAikins, and Binka 2013).

In a research conducted at the University of Ibadan, Nigeria, it was reported that gender differences in perception of sexual harassment among atudents was necessitated by the need to address interperpersonal violence as a psychosocial problem. Though it has attracted much attention by universities in developed countries, it is not the case in Nigeria where the level of awareness among students and staff is low while the the problem exists.

The research involves a sample of 420 respondents (both male and females) who are students in various faculties in the University of Ibadan. Findings revealed a high perception of sexual harassment on all the items, and females were higher than the males on all the sexual harassment items. Male and females differ in their perception of what constitute sexual harassment in the university. The need to establish a center to handle sensitization of the university community about the contents and consequences of sexual harassment on one hand, and its prevention and control on the other was recommended. (Ekore 2013).

Results from another research conducted among male and female students of five selected Universities in South West Nigeria involving a total number of 2500 (M=1221, F=1279) students selected through systematic sampling revealed a high knowledge and awareness of incidences of sexual harassment (97%) that fails to translate into behaviour change, as sexual harassment continues unchecked. Significant trend of sexual harassment occurrence is from a male lecturer to a female student (98.8%). Fear and trauma were rated highest as the psychological consequences of sexual harassment on the victims. This phenomenon has grave implication both for the individuals, higher education institutions and the labour market in Nigeria. Hence, the need to develop sustainable systems and structures for redress through development of anti-sexual harassment policies, well-equipped security unit, establishment of telephone hotlines and well trained school counselors to effectively handle cases of sexual harassment and secure justice for the victims. A number of factors have been enumerated as motivation for perpetuation of sexual harassment to include: lust, pursuit of happiness, lack of norm of morality, lack of conscience, pursuit of pleasure, lack of temperance, passion, habit, value, personality disorder, inferiority complex, immaturity, cheapness, abuse of power, and suffering from demonology. In addition, indecent dressing pattern among female students who almost go naked in their appearance can also be driving factors for continued incidence of sexual harassment. Many female students are so morally bankrupt that they rely absolutely on their womanhood for high grades without due preparation. (Taiwo et al 2014).



Benta, Abuya, Elijah, Onsomu, DaKysha, and Jackline 2012) in a research conducted in Kenya among selected higher school girls, out of school girls and teachers 31% of young

Kenyan women ages 15–24 reported sexual harassment and violence (SHV), with a majority experiencing sexual debut due to coercion (Central Bureau of Statistics, 2004). Data were obtained from a sample of 20 girls attending school in Kamu and Lafamu (pseudonyms used for the study sites), 10 girls who had dropped out of school, and 14 teachers, using structured interviews. A phenomenological approach was used to describe narratives of girls' experiences with SHV in and out of school. The findings indicated that girls experienced frequent SHV in and out of school despite the Sexual Offences Act enacted by the Kenyan Parliament in 2006 (Government of Kenya, 2006). Hence, stakeholders need to reengage and implement existing policies on sexual abuse among children and women (Benta et al 2012)

On the culture of reporting of sexually related assaults including sexual harassment in Africa, research specific to sex-related attitudes, norms, and behaviour in African cultures suggests that patriarchal standards also prevail in many societies. The traditional machista culture rewards men for early initiation into sexual life, dominance over sexual activities, enjoyment of sex, encounters with numerous sex partners, and extramarital relationships. Women, however, are devalued and stigmatized as *mujeres indecentes* (indecent women) for the same behaviour (Baird, 1993; Gomez & Marin, 1996; B. V. Marin & Gomez, 1995; Pavich, 1986).

Similarly a South African study on college students found that only unwelcome touching or fondling was included in the student's definition of sexual harassment. This may also be explained in a cultural context, many of the acts labelled as sexual harassment in the Western world may not be considered as sexual harassment in Africa (Tang, Yik and Cheung, 1995 quoted in Menon, Shilalukey, Siziya, Ndubani, Musepa, Malungo, Miceli, 2009).

### **Perception of Sexual Harassment**

Sexual harassment has been described as any unwelcome sexual advances, requests for sexual favours or other physical and expressive behaviour of a sexual nature (Aluede, 2000). It has also been described as repeated and unwelcome sexual comments, looks, or physical contact at workplaces or other places, and is related to not only sexuality but Sexual harassment has been reported in both work places and educational institutions (Menon et al., 2009) also uneven power (Lee, Song and Kim 2011; Chen, Sun, Lan , and Chiu, 2009). And it interferes with human human rights, prevalence rates of 13.8% (Kullima, Kawuwa, Audu, Mairiga, Bukar, 2010).

Earlier studies from educational institutions in Nigeria had reported range from 67 to 99% on various forms of sexual harassment (Aluede et al., 2011). Nursing profession has been reported to have the possibility of sexual harassment and sexual discrimination in the medical field because most workers in nursing are still women (Lee et al., 2011). Sexual harassment in the nursing profession was first reported/observed during Crimean War where drunken non-commissioned officers; male porters loitering in hospital stairwells made themselves objectionable to student nurses as well as maltreatment by male physicians and surgeons (Kaye, 1996).

Another research conducted in selected tertiary Institutions in Edo state in Nigeria revealed a very high perception of sexual harassment among Students and Teachers of tertiary Institutions in Edo state, Nigeria but incidence is seldom reported.( Aluede, Imonikhe and Idogho 2011).

This phenomenon has also been documented among nurses irrespective of country or continent (Yuri et al., 2006; Menon et al., 2009). As prevalent as sexual harassment is, most of it go unreported. Reasons documented for this included the perception that the harassment will stop if it is ignored, afraid no one will believe them, feel of intimidation, embarrassment, shame, or helpless, being unfamiliar with college polices and complaint-resolution producers relating to sexual harassment, fear of retaliation from the perpetrator, his or her colleagues and the assumption that the perpetrator will not face any

consequences even if the allegations are proven to be true. (Yuri, Keiki and Michiko 2006; Menon et al., 2009).

Bursik and Geftter (2011) examined how the nature of the harassment can influence how it is perceived by respondents. An open-ended response to a vignette in which a male professor leered at a female student in an elevator demonstrates the distinctions made between types of harassing behavior. While that research demonstrated that either verbal or physical actions may be seen as harassment, other research has found that for many people, physical contact is necessary in order for them to label an act as harassment. A survey of personnel directors found that while 100% of respondents believed that unwanted physical contact constituted sexual harassment, only 74% believed that suggestive remarks did so, as well (Wilson and Thompson 2001).

### **Prevalence of Sexual Harassment**

Sexual harassment is common at every stage of education. Verbal and physical harassment begins in elementary school, and 4 out of 5 children experience some form of sexual harassment or bullying. Eight out of 10 will experience this at some point in their school lives, and roughly 25 percent will experience this often. Boys are more likely to physically harass and bully others, or to be physically bullied themselves. Girls are more likely to use, and experience, verbal and psychological harassment and bullying. Six out of 10 students will experience some form of physical sexual harassment" (American Association of University Women, 2006).

In their 2002 survey on 2064 students in 8th through 11th grade, the American Association of University Women (AAUW) reported that:

- 83% of girls have been sexually harassed
- 78% of boys have been sexually harassed
- 38% of the students were harassed by teachers or school employees
- 36% of school employees or teachers were harassed by students
- 42% of school employees or teachers had been harassed by each other

In their study on sexual harassment at colleges and universities, the American Association of University Women claimed that while both men and women were targets of sexual harassment, "women are disproportionately negatively affected" (American Association of University Women, 2006)

- 62% of female college students and 61% of male college students report having been sexually harassed at their university.
- 66% of college students know someone personally who was harassed.
- 10% or fewer of student sexual harassment victims attempt to report their experiences to a university employee.
- 35% or more of college students who experience sexual harassment do not tell anyone about their experiences.
- 80% of students who experienced sexual harassment report being harassed by another student or former student.
- 39% of students who experienced sexual harassment say the incident or incidents occurred in the dorm.
- 51% of male college students admit to sexually harassing someone in college, with 22% admitting to harassing someone often or occasionally.
- 31% of female college students admit to harassing someone in college.

In the "Report Card on Gender Equity," the National Coalition of Women & Girls in Education reported that 30 percent of undergraduate students, and 40 percent of graduate students, have been sexually harassed (NCWGE, 1997).

In a study conducted in Israel in 2003, the study investigated sexual harassment of nurses and nursing students following new legislation against sexual harassment, 90 percent of subjects reported experiencing at least one type of sexual harassment and 30 percent described at least 4 types (Bronner 2003). In a Research conducted in Lima, Peru, among women to document the prevalence of unwelcome sexual touch or coercion to do something sexual. There were more than fifty percent responses in the affirmative. (Bronner 2003).

Also, in Japan, a research survey with a self-administered questionnaire was conducted among nurses in 2006 to determine the prevalence and details of sexual harassment of female nurses by patients and nurses' reaction. The proportion of female nurses who have ever been sexually harassed by patients was 55.8 percent. Sexual harassment was prevalent in the hospital environment and some details were serious (Yuri, Keiki & Michiko 2006)

Another research conducted to measure the prevalence of and consequences of sexual harassment among students in selected United Kingdom's higher schools revealed that 35percent of student nurses reported having experienced sexual harassment. Patients were most likely to be the harasser for both student and the registered nurse. But there was an increased likelihood that other staff were involved in the harassment of registered nurses with doctors and male nurses being the predominant perpetrators (Sarah, & Ian and Mike 2007).

Reporting culturally sensitive responses by African American who survived sexual assault, Matson (2006) and Campbell & Raja (2005) identified mistrust and negative attitude towards men, avoidance of sexual relationship, self guilt, depression, distrust and reluctance in seeking help probably from the opposite sex as reactions to cases of sexual harassment. As sensitive and painful as sexual harassment and related acts like sexual assault, sexual victimization, sexual violence etc are, there is gross underreporting of occurrences. Despite its negative physical and psychological effects on victims, sexual harassment incidents are seldom reported by victims. (Ladebo, 2003).

Studies show that some perpetrators of SH may not necessarily hold organizational power before harassment occurs (McKinney,1990; Rospendo, Richman, & Nawyn, 1998). For example, McKinney (1990) reported that both male and female faculty members (holders of higher organizational power) constitute targets of SH from students (holders of less organizational power). In other words, faculty males may experience SH from female students just as faculty females do from male students (Fayankinnu, Nnorom,2004). Benson (1984) refers to such harassment as 'contra power' sexual harassment (CPSH) – defined as 'occurring when the victim has formal power over the abuser'.

Studies conducted on CPSH indicate that its prevalence is on the increase. In a survey conducted among 113 male professors and 29 female professors, Carol and Ellis (1989) found that 30% and 24% of male and female professors, respectively, constitute targets of unwanted sexual comments from students as frequent as four times during an average month. The study also revealed that 27% of the male professors and 10% of the female professors received sexually suggestive looks from students.

In another study, involving 188 male and female academics, Mckinney (1990) observed that male academics experience significantly more body language, physical advances, and explicit sexual propositions from students compared to female academics. Similarly, Machen and DeSouza (2000), reported that 53% male professors experienced at least one sexually harassing behaviour from female students.

CPSH may be a product of informal power acquired through anonymity. In this regard, Benson (1984) argued that anonymity constitutes one among other means through which students hold power in a relationship whereas, other things being equal, they would have none. For example, students may pass sexist remarks on teaching evaluation forms knowing that teachers' promotions are partly tied to the evaluation, which generates a reversal of power (Rospendo, Richman, & Nawyn, 1998). Given that such students go scot free renders the lecturer vulnerable from preventing a re-occurrence.

In Nigeria, there is dearth of data on CPSH, particularly as it relates to male staff in Nigerian universities thereby making it difficult to ascertain the actual number of men who may be victims within the university system (Fayankinnu and Nnorom, 2004; Fayankinnu, 2007). These studies (Fayankinnu, 2007; Fayankinnu and Nnorom, 2004) suggest a steady increase in CPSH towards male staff by female students in Nigerian universities. A likely reason for the steady increase in CPSH towards faculty males may be that some female students want undue advantage over other students which is not possible formally, and because of that they might result to subtle way of getting that by sexually harassing the faculty males who they perceive more vulnerable. These general

trends are not without implications for male staff in the workplace, as would be argued below.

CPSH may reduce productivity, produce less job satisfaction and job commitment (Fayankinnu,2003; Einarsen, Hoel, Zapf & Cooper, 2003; Ayoko, Callan & Hartel, 2003), feelings of loss of control over the body, overwhelming shame/humiliation, recurrent feelings of anger/fear/powerlessness, destruction of gender identity and confusion over sexual orientation (Hardy, 2002; Van, 1993), and potentially influencing their intention to quit the job (Djurkovic, McCormack & Casimir, 2004 ).

### **Student-to-student sexual harassment**

Most sexually harassing behaviour is student-on-student. In "The Report Card on Gender Equity", by the National Coalition for Women and Girls in Education (NCWGE), it was reported that, of students who have been sexually harassed, 90% were harassed by other students. (NCWGE, 1997) And in their 2006 report on sexual harassment in higher education, the AAUW reported that 80% of students sexually harassed were targeted by other students (AAUW, 2006).

One of the most common reasons reported for sexually harassing behaviour is because the harasser thinks it is funny to do so. In their 2006 study, the AAUW found that this was the most common rationale for harassment by boys—59 percent used it. Less than one-fifth (17%) of those boys who admitted to harassing others say they did so because they wanted a date with the person. (AAUW, 2006) Other researchers assert that the "I thought it was funny" rationale is a fallacy, and the true reasons align more with that of a need to assert power and induce fear in others—more in line with bullying. These hazing behaviours develop in school; continue in high school and college, eventually moving into the workplace (Boland, 2002).

In late 2006/early 2007 a study revealed that more than 20% of all boys had been harassed by a female student. In 15% of all cases the girl admitted to sexually harassing

the boy and asserted the reasons of "I thought it was funny" and "I'm not doing any harm, it's what he wanted" (AAUW, 2006).

### **Sexual harassment and abuse of students by teachers**

In their 2002 survey, the AAUW reported that, of students who had been harassed, 38% were harassed by teachers or other school employees. One survey, conducted with psychology students, reports that 10% had sexual interactions with their educators; in turn, 13% of educators reported sexual interaction with their students

In a survey of higher school students, 14% reported that they had engaged in sexual intercourse with a teacher. (Wishnietsky, 1991) In a national survey conducted for the American Association of University Women Educational Foundation in 2000 found that roughly 290,000 students experienced some sort of physical sexual abuse by a public school employee between 1991 and 2000. And a major 2004 study commissioned by the U.S. Department of Education found that nearly 10 percent of U.S. public school students reported having been targeted with sexual attention by school employees. Indeed, one critic has claimed that sexual harassment and abuse by teachers is 100 times more frequent than abuse by priests.

Sexual harassment by teachers have been documented in literature. A succinct description of this type of harassment by Sheriff (2010) is presented below:

After her experience as a student with Harold Bloom, Naomi Wolf wrote, "I was spiralling downward; I had gotten a C-, a D, and an F, and was put on academic probation. My confidence shaken, I failed in my effort to win the Rhodes Scholarship at the end of the term...Once you have been sexually encroached upon by a professor, your faith in your work corrodes. If the administration knew and did nothing—because the teacher was valuable to them—they had made a conscious calculation about his and our respective futures: It was okay to do nothing because I—and other young women who could be expected to remain silent—would never be worth what someone like Bloom was worth." Of the effects she now struggles with so many years later, she writes, "Keeping bad secrets hurts. Is a one-time sexual encroachment...a major secret or a minor one?"



Minor, when it comes to a practical effect on my life; I have obviously survived. This is the argument often made against accusers in sexual-harassment cases: Look, no big deal, you're fine. My career was fine; my soul was not fine"(Sheriff, 2010).

A research in Nigeria revealed that some Lecturers especially males, typically see themselves as thin gods and as a direct consequence indulge in all sorts of unprofessional acts with impunity fully confident that they will always get away with their misdemeanours at the end of the day (Sheriff, 2010).

### **The gender double standard**

There is a myth regarding the extent of the damage caused by women who sexually abuse or harass. In an interview about the rise of sexual abuse by female teachers, Dr. Jeff Brown, a psychologist who treats female sex offenders stated, "There is definitely a double standard.....The impact they have is significant on their victims and sometimes we don't regard the impact in a similar way as we do men." Moreover, female teachers who sexually harass or abuse students are consistently given significantly lighter punishments or reprimands than males who engage in the exact same behaviours. Some are never exposed at all (Sheriff, 2010).

The National Association of Schoolmasters Union of Women Teachers - a British female education union, said that teachers who have sex with pupils over the age of consent should not be placed on the sex offenders register and that prosecution for statutory rape "is a real anomaly in the law that we are concerned about." This has led to outrage from child protection and parental rights groups (Sheriff, 2010).

It has been argued that the effects of pupil-teacher sexual harassment vary depending on the gender of the student and the harasser. In some states in the U.S., sexual relations between a woman and an underage male did not even constitute statutory rape until the 1970s. Many assert that most boys would be happy to have a teacher show sexual interest in them (Critina, 2012). Others say that this is short-sighted, and the seriousness of the long-term effects far outweighs any immediate gratification. Experts say sexually victimized boys experience difficulties later in developing age-appropriate relationships and gravitate toward pornography and one-night stands. They are also more likely as

adults to suffer depression, anxiety and drug addiction. The 16-year-old boy in California who had an affair with his 30 year old teacher proclaimed in a letter to the court, "I'm not the same boy." According to the boy's mother, he was so traumatized that his hair was falling out. "(She) took away my best friend, my hunting buddy. I can't have him back now. He is gone, "proclaimed the father of a teenage boy molested by a teacher who held drug-alcohol-and-sex parties at her home (Wasti & Cortina, 2002).

In Nigeria, sexual harassment by male students is sometimes linked with male cultists who persistently stalk, assault, batter, gang rape, and even murder in extreme cases. Indeed, stories of female undergraduates who have been compelled to drop out of college because of the real possibility of rape or death at the hand of their male-student tormentors are not uncommon in Nigeria (Sheriff, 2010).

### **Culture and Coping with Sexual Harassment**

Coping strategies against among SH Africans appears to be culturally inclined. Reports of SH is seldom made, probably due to the cultural practice that allows the man some degree of freedom as regards sexual dealings over his female counterpart (Ladebo 2001). Also, the African culture, which is so accommodating, friendly and less discriminative, allows for some degree of freedom of interaction between male and females without any suspect of abusive moves. Unless a person goes to the extent of real physical assault on a person of the opposite sex like touching the genitals of young child, it is never seen as a serious offence (Mayekiso 1997).

Not much have been done to consider the degree of its prevalence among university students, especially in sub-Saharan Africa where there policies that address students' sexual harassment problems are rarely made. The Nigerian legal system provides little respite for victims of sexual harassment unlike developed countries where the legal system is more effective. Reported cases of sexual harassment in Nigerian are treated with levity. This is largely reinforced by cultural practices across sub-Saharan Africa which encourages subtle aggression in negotiating sexual decisions. It is a situation that favours a more powerful individual as perpetrator over the victim. Yet it is a problem that

silently isolates the victim psychologically. rarely made. The Nigerian legal system is more.

However in recent researches, coping strategies against sexual harassment among Africans, though poor, with little effect and needing more intervention and organizational/ governmental policies to reinforce its efficacy, have included withdrawal from the place of occurrence, confrontation, avoidance, e.t.c (Ogunbameru 2006) and (Gaba 2010).

Taiwo et al 2014 also reported that over 80% of respondents feel comfortable to disclose experience of SH to their trusted friends and respondents rather than parents, school authority or the law enforcement agents.

With respect to understanding the structure of sexual harassment coping, researchers have moved away from uni-dimensional conceptualizations—varying on an assertiveness continuum (e.g., Gruber & Bjorn, 1986)—and increasingly adopted multidimensional frameworks (e.g., Fitzgerald, 1993; Gutek & Koss, 1993; Knapp, Faley, Ekeberg, & Dubois, 1997; Magley, 1999). In one comprehensive classification, Knapp et al. (1997) proposed a two-by-two typology of coping responses to sexual harassment, on the basis of the premise that these responses vary according to two elements: focus and mode. The focus of coping may be either the self or the harasser (the “initiator”). Mode can be supported or nonsupported, depending on the amount of outside assistance the target seeks.

**Table 2.1: Typology of Sexual Harassment Coping Responses**

	<b>Coping response</b>	<b>Focus of response</b>	<b>Mode of response</b>
1	Avoidance/denial	Self	Not supported
2	Confrontation	Initiator	Not supported
3	Social coping	Self	Supported
4	Advocacy seeking	Initiator	Supported

**Summary of Knapp et al. (1997)**

As summarized in Table 1, the juxtaposition of these two dimensions forms four archetypical response strategies for coping with sexual harassment:

- (a) advocacy seeking,
- (b) Social coping,
- (c) avoidance/denial, and
- (d) confrontation/negotiation.

However, this framework by Knapp et al. (1997) has not received empirical examination, in particular with cross-cultural samples. Because of its breadth and generality, this framework was adopted as a possible etic classification of coping responses, and advance hypotheses regarding these four types of coping strategies.

### **Advocacy Seeking**

Of all potential responses to sexual harassment, advocacy seeking behaviours through the use of intra-organizational relief mechanisms have received by far the most research attention. Most evidence in the United States suggests that few victims ever file formal sexual harassment complaints or even informally discuss harassment with organizational authorities, largely because of fears of individual or organizational retaliation (Fitzgerald et al., 1988; Fitzgerald, Swan & Fischer, 1995; Gutek & Koss, 1993; Knapp et al., 1997; Near & Miceli, 1995).

In more traditional societies, additional cultural factors may further inhibit advocacy seeking. Traditional gender roles and honour and shame codes reflect asymmetrical standards for women's and men's sexual behaviour. For example, both Hispanic and Turkish cultures regard premarital and extramarital sex as highly inappropriate for women, whereas sex is viewed as a physiological necessity for men (Baird, 1993; Burgos & Perez, 1986; Kayır, 1995; Marin & Gomez, 1995; Pavich, 1986). An old Turkish saying suggests "[sexual liaison] is a stain (dishonour/shame) on her face and henna (sign of celebration and festivity) on his hand." Such double standards are even evident in the Turkish legal system: Until 1997, Article 440 of the Turkish Penal Code charged a wife with adultery if she engaged in a relationship with a man other than her husband on one single occasion, whereas a charge against a husband required proof that he actually lived with another woman (Oğuzman & Dural, 1998).

Research specific to sex-related attitudes, norms, and behaviour in Hispanic cultures suggests that patriarchal standards also prevail in many Hispanic societies. The traditional machista culture rewards men for early initiation into sexual life, dominance over sexual activities, enjoyment of sex, encounters with numerous sex partners, and extramarital relationships. Women, however, are devalued and stigmatized as *mujeres indecentes* (indecent women) for the same behaviour (Marin & Gomez, 1995; Pavich, 1986). Further illustrating these double standards, traditional Hispanic family members—particularly men—view adolescent daughters' virtue as nearly sacrosanct, confining them to the home or chaperoning them to prevent sexual exploitation. Adolescent boys, however, are encouraged to develop, display, and explore their sexual virility; sexual prowess and the conquest of females are acceptable topics in adolescent boys' conversations (Burgos & Perez, 1986; Espi'n, 1997; Pavich, 1986). Because of these asymmetrical sexual norms, Turkish and Hispanic women may be more likely to accept men's sexual aggressiveness as normal, and thus consider such behaviour less worthy of reporting.

Factors such as fear of blame and damage to personal, family, and professional reputations may further suppress reporting among more traditional women. In many cultures, women tend to receive more blame than men in cases of sexual violence; however, this predisposition appears more likely in traditional, male-dominated societies (e.g., Barkley & Mosher, 1995; Menon & Kanekar, 1992). In cultures where sexual contacts with any man other than the husband—as well as sexual discussions—are very strong taboos for women, women who disclose their sexually inappropriate experiences might disgrace not only themselves but also their entire families (Baird, 1993; Barkley & Mosher, 1995; Marin & Gomez, 1995; Marin, Gomez, & Hearst, 1993). Indeed, in an article in one of the nationally circulated Turkish newspapers, Gu'reli (1998) stated that female teachers experienced frequent sexual harassment but rarely reported it because of concerns about societal blame for the incidents. Similarly, they worried that their husbands would divorce them if they learned of the harassment. Some Turkish women were interviewed on gender discrimination and sexual harassment in the workplace. The interviewees who had experienced harassment stated that they did not report the incident to anybody out of fear of blame for provoking the incident. When asked how they would

respond if their daughters experienced sexual harassment, some of these women also said they would not disclose the incidents to their husbands, who might be highly critical of their daughters. Gu`reli (1998)

### **Social Coping**

A frequent method of coping with sexual harassment is reliance on social support from colleagues, friends, and family members (e.g., Fitzgerald et al., 1988, 1995; Gutek & Koss, 1993). This is also supported by the study conducted by Stockdale (2006) which revealed that, contrary to conventional wisdom, individuals who experienced frequent SH and who used confrontive coping strategies tended to experience worse job outcomes than did others. Furthermore, use of confrontive coping tended to amplify associations between harassment pervasiveness and consequences, especially for men. Researchers have theorized that cultural norms and values heavily influence social-support mobilization (e.g., Butzel & Ryan, 1997; Keinan, 1997). In particular, they reason that support seeking and benefits should be greater in collectivistic cultures, which emphasize interpersonal orientation, affiliation, and interdependence over independence. Likewise, Triandis (1995) argues that relationships with in-group members are particularly intimate for collectivists and that seeking in-group support is one of the most important coping strategies for collectivists encountering crisis. In Turkey, it was documented that sexually harassed women who did not fear blame often coped by relying on their male support network—fathers, brothers, husbands, relatives or friends of higher status to intervene in the situation and step in as protectors. (Stockdale 2006)

### **Avoidance/Denial and Confrontation/Negotiation**

According to past Anglo American research, avoidance/denial and confrontation are among the most and least prevalent responses, respectively, to sexual harassment in the workplace (e.g., Fitzgerald et al., 1988, 1995; Gutek & Koss, 1993). That is, a common strategy for many targets is to avoid the perpetrator or the harassing context if possible (Gruber, 1989; Gutek, 1985). Other low-intervention strategies may be more cognitively oriented, comprising denial and minimization of the seriousness of the situation. In contrast, confrontation/negotiation involves addressing the perpetrator directly—asking or insisting that the offensive behaviour cease.

It was argued that collectivist concerns for harmony—that is, smooth and pleasant interpersonal relationships—might influence women’s reliance on these particular coping methods. Collectivists generally disapprove of confrontation, conflict, and even open discussion of “sensitive issues” (Triandis, 1995). Individuals in these contexts typically prefer to minimize negative behaviours and/or keep silent when dissatisfied with another’s actions (Marin & Marin, 1991; Pavich, 1986; Triandis, Marin, Lisansky, & Betancourt, 1985). This high expectation for harmony in interpersonal relations is central to the Hispanic cultural script of *simpatía* (Marin & Marin, 1991). Further, as Ting-Toomey et al. (1991) contended, members of collectivist cultures are concerned not only with “saving face” but also with “giving face.” Thus, they avoid direct approach in a conflict situation for fear of embarrassing the other party. At most, they may resort to indirect methods of communicating discontent (Pavich, 1986). Chan et al. (1999) recently discussed in support of the above, the implications of collectivistic harmony norms on sexual harassment coping.

Moreover, confrontation involves clear, direct opposition to the harasser—a fairly assertive coping strategy. However, traditional Hispanic and Turkish sex roles discourage such assertiveness in women, instead dictating that women be passive, submissive, dependent, and nurturing (e.g., Barkley & Mosher, 1995; Burgos & Perez, 1986; Levine, 1982; Pavich, 1986). Avoidance and denial may thus be more common among Turkish and Hispanic women, being strategies that allow them to minimize the adverse situation and avoid conflict, confrontation, and sexual impropriety.

### **Perpetrator Power**

Previous research on Anglo American advocacy seeking suggests that women are less likely to report sexually harassing incidents if the harasser is their supervisor or superior (Bingham & Scherer, 1993; Fitzgerald, 1990; Knapp et al., 1997). This relationship may be even stronger among women from high power distance cultures, such as the Turkish and the Hispanic, which emphasize and respect social hierarchy (Hofstede, 1980; Triandis, 1995). Further, traditional Hispanic behaviour reflects *respeto*—a cultural script that prescribes deference to individuals holding positions of higher prestige, recognition,

and power in society (Marin1995; Triandis et al., 1985). In situations involving harassers of high power or status in the organization, these cultural patterns could further inhibit assertive responses (e.g., advocacy seeking, confrontation) and engender more avoidant coping among women.

### **Sexual Harassment Frequency**

Past Anglo American research suggests that the likelihood of assertive coping increases as harassment becomes more frequent (Brooks & Perot, 1991; Knapp et al., 1997; Magley, 1999). This finding is consistent with the stress literature on chronic persistent events: as stressful events continue over time, individuals learn and engage in more active, problem-focused efforts to cope with the ongoing stress (Lazarus & Folkman, 1984).

### **Consequences of Sexual Harassment**

Consequences of sexual harassment can vary depending on the individual, and the severity and duration of the harassment. Often, sexual harassment incidents fall into the category of the "merely annoying." However, many situations can, and do, have life-altering effects particularly when they involve severe/chronic abuses, and/or retaliation against a victim who does not submit to the harassment, or who complains about it openly. Indeed, psychologists and social workers report that severe/chronic sexual harassment can have the same psychological effects as rape or sexual assault. (Koss, 1987) For example, in 1995, Judith Coflin committed suicide after chronic sexual harassment by her bosses and co-workers. (Her family was later awarded 6 million dollars in punitive and compensatory damages.) Backlash and victim-blaming can further aggravate the effects. Moreover, every year, sexual harassment costs hundreds of millions of dollars in lost educational and professional opportunities, mostly for girls and women (Boland, 2002).



**Effects of sexual harassment, particularly in academia, include:**

- Victims may feel powerless to stop the situation. It is common to fear retaliation, for example with grades or recommendations. They fear that their complaints will not be taken seriously, or that they will be perceived as causing trouble.
- Victims often blame themselves, and fear that others will also blame them, even though it is the harassing person's authority or influence that has been misused.
- Victims often change academic plans. They may drop courses, change majors, drop out of school, change residence, avoid advisers, or neglect academic commitments or responsibilities to avoid a harasser.
- Victims often have physical symptoms of stress, such as stomach problems or headaches. They may also become depressed, moody, or irritable without knowing why.
- Victims will often suffer lower self-esteem, self-respect, and self-confidence.
- Victims are often confused about what is happening and/or what can be done about it. (Ogunbameru 2006)

**Effects of sexual harassment on organization**

- Decreased productivity and increased team conflict
- Decrease in success at meeting financial goals (because of team conflict)
- Decreased job satisfaction
- Loss of staff and expertise from resignations to avoid harassment or resignations/firings of alleged harassers; loss of students who leave school to avoid harassment
- Decreased productivity and/or increased absenteeism by staff or students experiencing harassment. (Willness, Steel and Lee, 2007).
- Increased health care costs and sick pay costs because of the health consequences of harassment
- The knowledge that harassment is permitted can undermine ethical standards and discipline in the organization in general, as staff and/or students lose respect for, and trust in, their seniors who indulge in, or turn a blind eye to, sexual harassment
- If the problem is ignored, a company's or school's image can suffer

- Legal costs if the problem is ignored and complainants take the issue to court (Boland 1990).

### **The effect of the organization on sexual harassment**

Studies show that organizational climate (an organization's tolerance, policy, procedure etc.) and workplace environment are essential for understanding the conditions in which sexual harassment is likely to occur, and the way its victims will be affected (yet, research on specific policy and procedure and awareness and prevention strategies is lacking).another element which increases the risk for sexual harassment is the job's gender context (having few women in the close working environment or practicing in a field which is atypical for women) (Willness, Steel and Lee, 2007).

The most effective way to avoid sexual harassment in the work place, and also influence the public's state of mind, is for the employer to adopt a clear policy prohibiting sexual harassment and to make it very clear to his employees. Many women prefer to make a complaint and to have the matter resolved within the workplace rather than to "air out the dirty laundry" with a public complaint and be seen as a traitor by colleagues, superiors and employers; this is also applicable to higher education institution environments. Most prefer a pragmatic solution that would stop the harassment and prevent future contact with the harasser rather than turning to the police. More about the difficulty in turning an offence into a legal act can be found in Felstiner and Sarats (1981) study, which describes three steps a victim (of any dispute) must go through before turning to the justice system: naming – giving the assault a definition, Blaming – understanding who is responsible for the violation of rights and facing them, and finally, claiming – turning to the authorities. In sexual offences there is great difficulty for the victims to go through these steps, and the closer the relationship between victim and assailant; the harder it is to take each step.

Retaliation and backlash against a victim are very common, particularly a complainant. Victims who speak out against sexual harassment are often labeled troublemakers who are on their own power trips, or who are looking for attention. Similar to cases of rape or

sexual assault, the victim often becomes the accused, with their appearance, private life, and character likely to fall under intrusive scrutiny and attack. They risk hostility and isolation from colleagues, supervisors, teachers, fellow students, and even friends. They may become the targets of mobbing or relational aggression. (Felstiner and Sarats 1981).

Women are not necessarily sympathetic to female complainants who have been sexually harassed. If the harasser was male, internalized sexism, and/or jealousy over the sexual attention towards the victim, may encourage some women to react with as much hostility towards the complainant as some male colleagues. Fear of being targeted for harassment or retaliation themselves may also cause some women to respond with hostility. For example, when Lois Jenson filed her lawsuit against Eveleth Taconite Co., the women placed a hangman's noose above her workplace, and shunned her both at work and in the community--many of these women later joined her suit (Bingham 2004). Women may even project hostility onto the victim in order to bond with their male co-workers and build trust.

Retaliation has occurred when a sexual harassment victim suffers a negative action as a result of the harassment. For example, a complainant be given poor evaluations or low grades, have their projects sabotaged, be denied work or academic opportunities, have their work hours cut back, and other actions against them which undermine their productivity, or their ability to advance at work or school. They may be suspended, asked to resign, or be fired from their jobs altogether. Moreover, a professor or employer accused of sexual harassment, or who is the colleague of a perpetrator, can use their power to see that a victim is never hired again, or never accepted to another school. Retaliation can even involve further sexual harassment, and also stalking and cyber stalking of the victim (Bingham et al. 2002)

Of the women who have approached her to share their own experiences of being sexually harassed by their teachers, feminist and writer Naomi Wolf writes,

"I am ashamed of what I tell them: that they should indeed worry about making an accusation because what they fear is likely to come true. Not one of the women I have heard from had an outcome that was not worse for her than

silence. One, I recall, was drummed out of the school by peer pressure. Many faced bureaucratic stonewalling. Some women said they lost their academic status as golden girls overnight; grants dried up, letters of recommendation were no longer forthcoming. No one was met with a coherent process that was not weighted against them. Usually, the key decision-makers in the college or university—especially if it was a private university—joined forces to, in effect, collude with the faculty member accused; to protect not him necessarily but the reputation of the university, and to keep information from surfacing in a way that could protect other women. The goal seemed to be not to provide a balanced forum, but damage control” (Bingham et al. 2002)

Another woman who was interviewed by Helen Watson, a sociologist, reported that, "Facing up to the crime and having to deal with it in public is probably worse than suffering in silence. I found it to be a lot worse than the harassment itself" (Watson, 1994).

In Ghana for instance, the Minister of Education, Mr Alex Tettey-Enyo, has expressed concern about the unfriendly learning environment in schools that do not encourage girls to acquire the knowledge that would enable them to contribute their quota to the development of the country. He noted that such negative practices as sexual harassment, discriminatory teaching methods, negative attitudes and some unprofessional acts by teachers and school authorities had over the years worsened the plight of girls in their quest to educate themselves (Tettey-Enyo, 2011).

Another consequence is that, when sex is an accepted behaviour between teachers and students, it can be more difficult to raise concerns about sexual harassment. For example, unwanted sexual advances by a professor may be intimidating or even frightening; however, if sexual relations between staff and students is common at the school, it will be difficult for a student to identify this behaviour as harassment (Martin, 1993).

Sexual relations between teachers and students raises concerns about the abuse of trust and conflicts of interest—and these points are not usually covered in sexual harassment policies.

Conflicts of interest can arise when the professional responsibilities of a teacher are affected, or appear to be affected, by a special personal relationship with a student. These can include showing favouritism towards a student sexually involved with the teacher, or hostility towards a student due to a past relationship. If a teacher is sexually involved with a student, colleagues may feel pressured to give preferential treatment to the student, such as better marks, extensions on essays, extra help, or academic opportunities. When there are multiple relationships between several staff and students, the possibilities for conflict of interest are enormous. Even if there is no favouritism or hostility, it can be perceived by others to be exhibited.

There is also the question of the abuse of trust. This occurs when the trust associated with a professional relationship is destroyed because of non-professional actions or requests for non-professional actions. Martin writes, "Teachers are in a position of authority and trust to foster the intellectual development of their students. When they engage in sexual relations with a student, they violate that trust implicit in a professional teacher-student relationship" (Martin, 1993).

#### **Effects of sexual harassment in education**

In their 2006 report, "Drawing the Line" the AAUW found physical and emotional effects from sexual harassment:

- 68% of female students felt very or somewhat upset by sexual harassment they experienced;
- 6% were not at all upset.
- 57% of female students who have been sexually harassed reported feeling self-conscious or embarrassed
- 55% of female students who have been sexually harassed reported feeling angry.
- 32% female students who have been sexually harassed reported feeling afraid or scared.
- The AAUW also found that sexual harassment affects academics and achievement:

"Students experience a wide range of effects from sexual harassment that impact their academics including: have trouble sleeping, loss of appetite, decreased participation in class, avoid a study group, think about changing schools, change schools, avoid the library, change major, not gone to a professor/ teaching assistant's office hours. Students may experience multiple effects or just one. The wide range of experiences lowers the percentage of students who experience any particular effect".

- 16% of female students who have been sexually harassed found it hard to study or pay attention in class.
- 9% of female students dropped a course or skipped a class in response to sexual harassment.
- 27% of female students stay away from particular buildings or places on campus as a result of sexual harassment (AAUW, 2006)

Another study by Taiwo et al among students in Higher Education Institutions in Osun state of Nigeria has established additional evidence on the occurrence of sexual harassment in higher education institutions in Nigeria. The high level of awareness of the occurrence of sexual harassment did not translate into a change in behaviour for the perpetrators. Many of the cases of sexual harassment go unpunished and the victims are left to deal with the trauma, which stay with many of them for a long period and sometimes relapses into a psychological condition and mental health challenge. This has negative effect on the academic achievement and future sexual relationship(Taiwo, Omole and Omole 2014).

### **Coping Mechanism**

Violence against women originates in socio-cultural constructions of gender and power, taking many forms. Although such behaviour unfolds at the individual level, theory holds that cultural forces support and perpetuate it (e.g., Burt, 1980; Koss et al., 1994; B. V. Marin & Gomez, 1995). Evidence from the United States suggests that sexual harassment is the most widespread form of violence against women (Fitzgerald & Ormerod, 1993; Fitzgerald & Shullman, 1993; Gutek, 1985; United States Merit Systems Protection Board, 1981, 1988). Recent cross-cultural research also contends that sexual harassment

is common in many societies around the world (Barak, 1997). Despite the prevalence and culturally driven nature of this serious social problem, little empirical evidence addresses cultural influences on sexual harassment processes (Wasti & Cortina, 2002).

Victims' response to (i.e., coping) sexually harassing behaviour represents an important component of harassment processes, and may be particularly susceptible to cultural influences (Wasti & Cortina, 2002). Social-cognitive psychologists have long theorized that coping varies with context or culture. For example, in their classic conceptualization of the coping process, Lazarus and Folkman (1984) discuss constraints on coping behaviour: "culturally derived values and beliefs serve as norms that determine when certain behaviours and feelings are appropriate and when they are not . . . even allowing for a wide range of situational and individual differences, culturally derived values, beliefs, and norms operate as important constraints" (Lazarus and Folkman 1984). Cross-cultural psychologists have proposed similar theory, arguing that culture-specific norms could have a powerful effect on coping responses (Cervantes & Castro, 1985). Simply put, "throughout human history, different cultures arrived at preferential ways of dealing with problems" (Diaz-Guerrero, 1979). In the article, investigation of the influence of culture on coping by comparing Turkish, Hispanic American, and Anglo American responses to sexual harassment in the workplace was made. Although the Turkish and Hispanic cultures differ in many aspects, such as language and religion, there is also considerable parallelism in cultural syndromes, such as collectivism, power distance, and patriarchy, that leads to similar expectations regarding harassment coping, which also provide an interesting contrast with the Anglo American context. In the following sections, the investigator presents a typology of coping responses and review relevant research on Turkish and Hispanic cultural processes (Wasti & Cortina, 2002).

In a research conducted in south western part of Nigeria, of the eight rape victims who were interviewed in depth, only two had revealed the incident to anyone (Ajuwon 2005), also, Ellsberg, Winkvist and Pena (2001) reported as further difficulty, that women are typically more reluctant to discuss sexual harassment or abuse by non partners than by partners and therefore special methods are needed to encourage disclosure.

## **CONCEPTUAL FRAMEWORK**

Conceptual framework describes the relationship of a problem to the concepts in a model and the conceptual framework relevant to this study is Ecological Model.

Ecological model (EM) could be applied in the study of Sexual Harassment and Coping Strategies among Students of School of Nursing, U.C.H. Ibadan. The model is a psychological model that attempts to focus attention on the environmental causes of behavior and to identify environmental interventions. McElroy and Townsend (1989) used the concept of levels to explain ecological model EM. Implicit in using the concept of levels is that analysis of problems must occur at each level in order to identify appropriate solution/changes. Use of EM is intended to move health education practitioners beyond a mere traditional focus of individual behavior change and its inherent tendency towards blaming the victim of a health problem, not the wider environmental influences and constraints that led to the problem. The EM encourages analysis that can result in strategies that change social groups, organizations, communities and policies, not just individuals. An ecological model encourages examination of the roles of all the levels in problem identification and solving. The model also puts the study of health behaviour in political, economic and social context. Ecological model identifies multiple points problem diagnosis and then suggests multiple points for intervention. In this model, sexual harassment results from interaction of factors at different levels of social environment.

Sexual harassment has been a social/psychological problem of health implications, dating back to ages. The motivation ranges from curiosity to satisfy sexual urges to indiscriminate love or hatred towards the victim. As much as perpetrators could be judged as having psychological imbalances, the political, economic and social context of incidence is also vital. Also, the question about whether the youths, who are the centre focus of sexual harassment, are knowledgeable and equipped with adequate and effective coping strategies against antisocial behaviours such as sexual harassment comes to mind. This is where advocacy is required to empower youths especially, the in-school youth, on coping strategies against sexual harassment.



The model has six (6) sub-concepts as factors determining health behaviours of individuals:

- ❖ Intra personal level
- ❖ Inter personal level
- ❖ Institutional level
- ❖ Community level
- ❖ Organizational level
- ❖ Policy level

**Intra-personal factors:** This includes characteristics of individual student such as knowledge, attitude, behaviour, skills, and self-concepts about sex, sexuality as well as social life. The personal history and background, beliefs together with knowledge of skills to apply the right coping strategies to various situations.

**Inter personal levels:** In this case includes; influence of social networks like family setting, friends/peers, social support systems, formal and informal social network all of which determine a lot about individual's behaviour and attitudes to societal norms. Family and peer influence affect social and health issues about youths including student nurses; their way of dressing, where they go for leisure, their social life as well as their coping mechanism or how they react to incidence of health concerns which include sexual harassment as well as their coping mechanism they employ to deal with the problem.

**Community Level:** This involves guiding factors within the community through which individual behaviours are shaped to conform to societal expectations. This includes norms, structure, politics, economic status, poverty, religious groups and community beliefs/taboo. Sexual harassment as well as effective coping strategies employed against it is influenced by what obtains in the community.

**Institutional Level:** The roles of service providers, agencies and institutions in determining incidence and prevalence of sexual harassment and then make efforts at eradicating it. Are there constituted authorities/bodies in tertiary institutions to which

students can report incidence of sexual harassment and how are such reports handled? Organizational roles like advocacy, sensitization, education and enlightenment have been found to be grossly inadequate in higher schools of learning including the SNUCH.

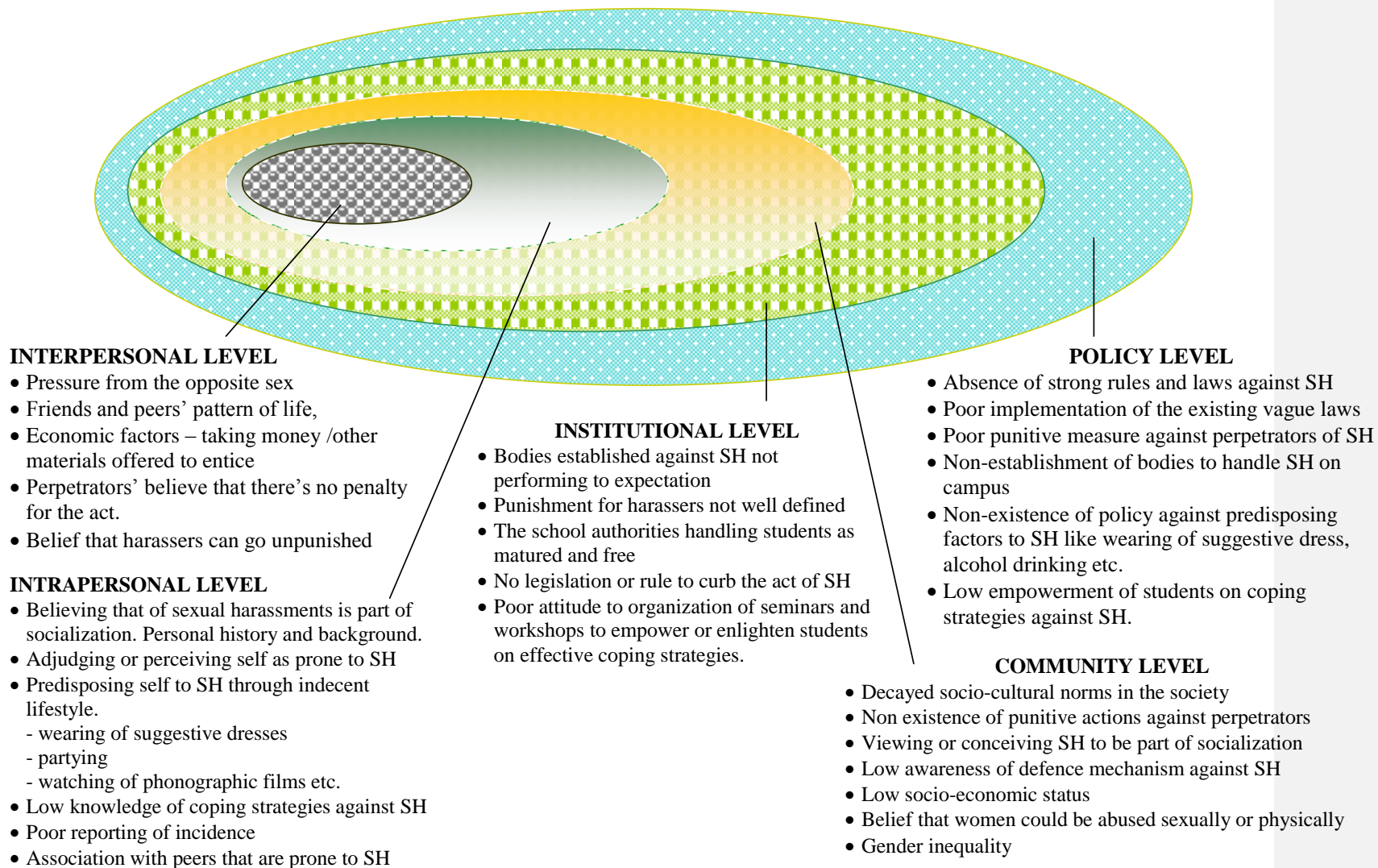
**Policy Level:** Policies, laws, regulations as well as regulatory bodies to check mate incidence of sexual harassment together with sincere implementation of sanctions against SH not only to instill discipline and sanity in the society but also to sensitize the citizenry against antisocial behaviours.

The Institutional level of ecological model is most applicable and appropriate for this study. The school of the Nursing, University college Hospital Ibadan is an Institution of higher learning for training of Nursing Professionals. The school, like any other institution of higher learning constitutes of a community of various categories of people – students, Lecturers, Nurses, Administrations and other workers. Also, because the school is located within the hospital premises and due to the hospital based training for the students, there is interaction with the larger hospital society where medical doctors, consultants Male and Female Nurses, Medical students, patients, patient relatives, hospital workers and other category of people are inevitably involved in the bearing activities of these students making them more vulnerable to S.H.

An institutional based policies and strategies of the ecological model suits this research environment and it was applied to the study.

**Conclusion:** Sexual harassment is all encompassing ranging from verbal, visual, to physical abuse of victims. It has grievous consequences such as fear, intimidation, low self esteem, depression, unintended pregnancy etc. it therefore requires collective and collaborative efforts of intra personal, inter personal, institutional, community, organizational and governmental efforts to facilitate intervention strategies to curb the menace.

The figure below shows how ecological model applies to this study:



**Figure 2.1: Application of Ecological model to perpetration of sexual harassment**

## **CHAPTER THREE**

### **METHODOLOGY**

#### **Study design**

Descriptive cross sectional design was adopted for this study to assess the perception of sexual harassment, its prevalence, types, perpetrators, consequences, places of occurrence as well as coping strategies employed against SH among students of School of Nursing, University College Hospital, Ibadan.

#### **Study site**

The study site is the School of Nursing of University College Hospital, Ibadan. The school was established in 1952 as an arm of the University College Hospital to train Nursing Professionals for Health facilities to enhance health care delivery in Nigeria.

The School of Nursing, University College Hospital Ibadan is sited right inside the large premises of the Hospital. The students regularly have direct interactions with patients, hospital staff, relatives of patients, other Hospital visitors, medical students as well as the Instructors/Lecturers. The nursing school has blocks of well ventilated lecture rooms and a large lecture theatre. Staff and Instructors offices are located very close to the classrooms.

The student hostels are located within the school environment very near the halls of residence of medical students in the large premises of the hospital. The hostel consists of 60 rooms each containing 3 students from both lower and higher or levels.. With the students in basic nursing programme are midwifery students, occupational nurses and perioperative nursing students totaling 305 nursing students in the institution. The Hostels have senior Nursing professionals guiding and taking care of the students. The team is headed by a Chief Nursing Officer (C.N.O) with a Senior Nursing Officer (S.N.O) and an Assistant Nursing Officer (A.N.O) as members.

The school of nursing UCH, until recently, had no documented formal policy on code of conduct. The tradition of passing information to students through orientation programme and verbal instructions was still maintained as a means of getting students duly informed about the rules or code of conduct within the school environment.

During the process of orientation, students are informed about vital guiding principles of studentship in the school environment, like hours of visiting, types of cloth to put on, for different times and occasions, time management, administrative organogram, school reading room / library, cafeteria, use of electronic devices etc.

However, since year 2013, a four page paper titled “information for the guidance of nursing student” has been prepared and it is given to new/fresh student as part of their orientation, (A copy of the guide paper is attached as appendix in this work)

### **Study population**

The study population for this research was nursing Students at all levels of various nursing programmes in the University College Hospital School of Nursing, Ibadan. This population includes Basic Nursing Students, Midwifery Students, Occupational Nursing and Perioperative Nursing Students. In total, there were 305 student nurses in the Institution.

### **Sample and sampling procedure**

Total enumeration of all students in different courses of study in the SNUCH was done. All the 305 students were approached and 291 representing 95.4% consented to participate in the study. All the 291 students were subsequently surveyed.

### **Method and Instrument for data collection for the study**

The instrument used for this study was a semi – structured self-administered questionnaire. A validated self- administered Questionnaire was used to collect information from students about their perception of SH, prevalence, types, perpetrators, consequences, places where SH commonly occur in the SNUCH as well as coping strategies adopted and how satisfied the students were using the coping strategies.

The questionnaire contained ninety six (96) both open-ended and close-ended questions and it was self-administered. The questionnaire was divided into five sections:

Section A: socio-demographic characteristics of respondents

Section B: Perception of SH among the respondents.

Section C: Prevalence of sexual harassment in the SNUCH.

Section D: Consequences of SH.

Section E: Coping strategies employed by the nursing students and how satisfied they were when they used the coping skills.

### **Validity of the instrument**

To measure accuracy and strength of study instrument's content, the draft questionnaire was pretested at the School of Nursing Eleyele which has similar characteristics with the proposed study site and subjects. The researcher ensured that the chosen subjects have the same characteristic with the study participants and site so as to ascertain the ability of the questions to measure the purpose of the study. Necessary corrections were made following the pretest exercise based on the analysis of the result of the pretest and questionnaire was also reviewed for content validity by the researcher's supervisor.

### **Reliability of the instrument**

To ensure reliability, the questionnaire used in pretesting were coded and analyzed using Cronbach's Alpha correlation coefficient Statistical Package for Social Science (SPSS) Alpha (Cronbach's) is a model of internal consistency, based on the average inter-item correlation. This was done to ascertain the psychometric properties of the instrument. According to this approach, a result showing correlation coefficient equal to or greater than 0.5 is said to be reliable. The result of the analysis of the data collected during the pretest was 0.699, which shows that the instrument is very reliable.

### **Data collection**

The validated questionnaire was used for data collection. Data collection was done in October/November 2011 at the School of Nursing, UCH, Ibadan. The administration of the questionnaire was done by the researcher with the assistance of Hostel matrons; a Chief Nursing Officer (CNO), a Senior Nursing Officer (SNO) and an Assistant Senior Nursing Officer (ASNO). The respondents were reminded not to indicate their name or any means of identity so

that no one could be traced or linked with any response, this was done to facilitate sincere response from participants.

The researcher informed the school authority of his intention to conduct a research about sexual harassment among students in various courses of study at the school. The ethical approval obtained for the purpose from the state ministry of health was presented and assurance was given to the school administration of the security of participants and their information.

Students in the basic nursing programme and some in the midwifery programme were accessed in their hostel rooms through assistance of the matrons. Copies of the questionnaire were distributed to them and were retrieved after completion. This was done on a weekend to avert the problem of 'time factor' which is observed to be a major constraint. However, students in perioperative nursing, occupational nursing and some in midwifery who could not be reached in the hostels were accessed in the classrooms. The copies of the questionnaires were administered on the participants after a brief introduction and were retrieved after completion and reviewed for completeness. Out of the 291 copies of the questionnaires distributed, 250 copies were completed and returned and these were used in data analysis.

### **Data management**

The researcher checked all the administered questionnaires one by one and edited them for the purpose of completeness and accuracy. Serial number was assigned to each question for easy identification and for correct data entry and analysis. A coding guide was developed to code and enter each question into the computer for analysis. Analysis was done using the Statistical package of SPSS version 15. The data entered into the computer were subjected to descriptive (ie mean, median, mode) and inferential (chi-square) statistical analysis. Finally, information obtained were summarized and presented in tables and charts.

### **Ethical consideration**

The researcher got ethical approval to conduct this research from the Ethical Review Committee, Ministry of Health, Oyo state, (appendix iii ). This is to ensure that the right and dignity of study participants are protected. Also, informed consent was sought from each of the participants and they were given equal opportunity to give and withdraw their consent freely on or from participating during the study.

Confidentiality of the data and each participant was maximally maintained during and after the collection of information. Assigning code number to each participant was through simple procedure and name was not used on the questionnaire forms.

**Limitation of the Study**

The limitation of this study included problem of accessing students in the hostels especially those who were off campus. The off campus students were accessed in the classrooms while the hostel matrons assisted in reaching the hostel students. Also, it took some time before respondents returned their questionnaires, this is probably due to the very busy nature of the students' educational schedule, so, the Researcher had to exercise a lot of patience during the procedure. Another limitation of the study was that some of the respondents gave "no response" to some sensitive questions about SH. Some of them confessed that they gave true information to the questions they responded to because it was a self-administered questionnaire.



## CHAPTER FOUR

### RESULTS

The findings from this study are presented in this section. They are organized into the following subsections: socio-demographic characteristics; the perception of student nurses about sexual harassment; the prevalence of sexual harassment among students of Nursing School, University College Hospital (UCH); types of sexual harassment commonly experienced among the students; perceived predisposing factors to sexual harassment, perpetrators of sexual harassment or harassers places where sexual harassment occur most commonly in the environment; the consequences of sexual harassment on the academic and social life of students; the coping strategies adopted by the Nursing Students and the satisfaction of the coping strategies among the students.

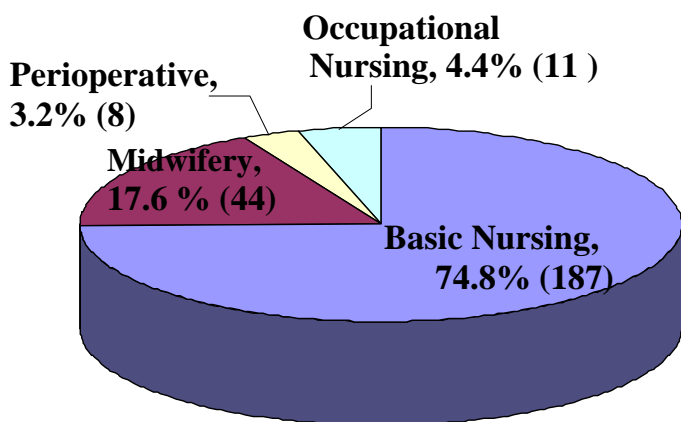
#### **Demographic information**

The socio-demographic characteristics of the respondents are presented in table 4.1. Above three-quarter (78.8%) of the respondents were females while only 21.2% were males. A large majority (88.4%) of the respondents were Christians, a few (10.0%) belong to Islam and Traditional religion (0.4%). The mean age of the respondents was  $23.0 \pm 4.1$  years. More than half (58.0%) of the respondents were within the age bracket 20 – 24 years while only a few (2.0%) were 35 years above. (Table 4.1) There were 37 males and 150 females in Basic Nursing course, 13 males and 33 females in Midwifery, 11 females in Occupational Nursing while 3 males and 5 females were in Perioperative Nursing programme. (See table 4.2) A large majority of the respondents (83.2%) were from monogamous family; others are from polygamous family (10.8%), divorced parents (2.0%) and only 3.6% are from widowed home.

Majority (74.8%) of the respondents were undergoing courses in the Basic Nursing followed by those in the Midwifery (17.6%); respondents in the Occupational Nursing and Perioperative Nursing were 4.4% and 3.2% respectively (See figure 4.1). The level of study or class of respondents in the Basic Nursing course which is the dominant class (187 respondents) were 100L (45.2%) 200L (34.4%) 300L (20.4%) (See figure 4.2).

**Table 4.1: Socio-demographic characteristics of respondents**

	<b>n = 250</b>	
<b>Demographic information</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Sex</b>		
Male	53	21.2
Female	197	78.8
<b>Religion</b>		
Christianity	221	88.4
Islam	25	10.0
Traditional	1	0.4
No response	3	1.2
<b>Age (in groups)</b>		
Less than 20 years	35	14.0
20 – 24 years	145	58.0
25 – 29 years	47	18.8
30 – 34 years	18	7.2
35 years above	5	2.0



**Figure 4.1:** Respondents' Course of study at School of Nursing, UCH, Ibadan

**Table 4.2 Sex Distribution of Respondents Across course of study.**

n= 250			
Class or Group	Male	Female	Total
Basic Nursing	37	150	187
Midwifery	13	31	44
Occupational Nursing	-	11	11
Perioperative	3	5	8
	<b>53</b>	<b>197</b>	<b>250</b>

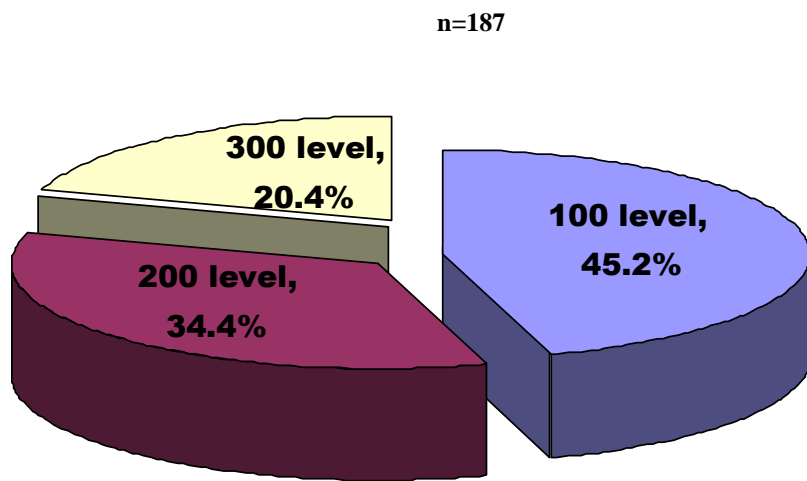


Figure 4.2: Class /Level of the respondents in basic nursing course

### **Knowledge and Perception about sexual harassment**

Almost all the respondents (96.8%) described or defined sexual harassment as any verbal or physical conduct of sexual nature that is offensive, intimidating and humiliating which is a correct response. In the same vein, 95.2% accepted that a victim of sexual harassment could be male or female. Greater proportion (91.2%) of the respondents affirmed that sexual harassment occurred in the School of Nursing, University College Hospital (UCH), Ibadan environment (table 4.3).

**Table 4.3: Knowledge of sexual harassment among the Nursing Students at SNUCH  
n = 250**

<b>Knowledge of sexual harassment</b>	<b>Yes%</b>	<b>No%</b>
Sexual harassment is any verbal or physical conduct of sexual nature that is offensive, intimidating and humiliating	242 (96.8)	8 (3.2)
A victim of sexual harassment could be male or female	236 (95.2)	12 (4.8)
Whether sexual harassment occur in the environment	228 (91.2)	22 (8.8)

### **Perception of sexual harassment among the Nursing Students**

There was a very high perception of Sexual Harassment among Students of the School of Nursing, UCH. Two hundred and twenty seven respondents perceived Sexual Harassment as common in the School environment. This represents 90.8% of the population.

### Perceived Perpetrators of sexual harassment in the SN UCH setting

Participants in this study expressed their views about the perceived perpetrators of SH in the study site. The perceived perpetrators of SH range from male physician/doctors through other hospital staff. In other of magnitude; doctors (65.6%), medical students (58.4%), male lecturers/instructors (43.6%) and visitors to the hospital (40.8%) (see table 4.4).

**Table 4.4: Perceived Perpetrators of sexual harassment in the SN, UCH setting**

	<b>n =250</b>	
<b>Perceived perpetrators of sexual harassment by respondents</b>	Yes	(%)
Male physicians/Doctors	164	(65.6)
Medical student	146	(58.4)
Male Lectures/Instructors	109	(43.6)
Visitors to the Hospital	102	(40.8)
Male Student Nurses	101	(40.4)
In Patients relations	98	(39.2)
Male Nurses	98	(39.2)
Female Student Nurses	94	(37.6)
Pharmacists	93	(37.2)
Other Hospital Staff	86	(34.4)
Female Nurses	83	(33.2)
Female Patients	64	(25.6)
Female Lectures/Instructors	49	(19.6)
Female physicians/Doctors	48	(19.2)

\* Mutually exclusive responses

### Prevalence of sexual harassment among students of Nursing School

One hundred and forty-five of the respondents representing 58.0% had reportedly been sexually harassed at one time or the other (See table 4.5). Of these, 118 were in Basic Nursing Programme, 20 were in Midwifery, 5 in Occupational Nursing and 2 in Perioperative Nursing (Table 4.6) The sex distribution of respondents that have been sexually harassed revealed males; 29 (20.0%) and females; 116 (80.0%) (See table 4.7).

**Table 4.5: Experience of sexual harassment among Nursing Students in SNUCH**

n =250		
Ever experienced sexual harassment	No	(%)
Yes	145	58.0
No	105	42.0
<b>Total</b>	250	100.0

**Table 4.6: Experience of sexual harassments within each of the four courses**

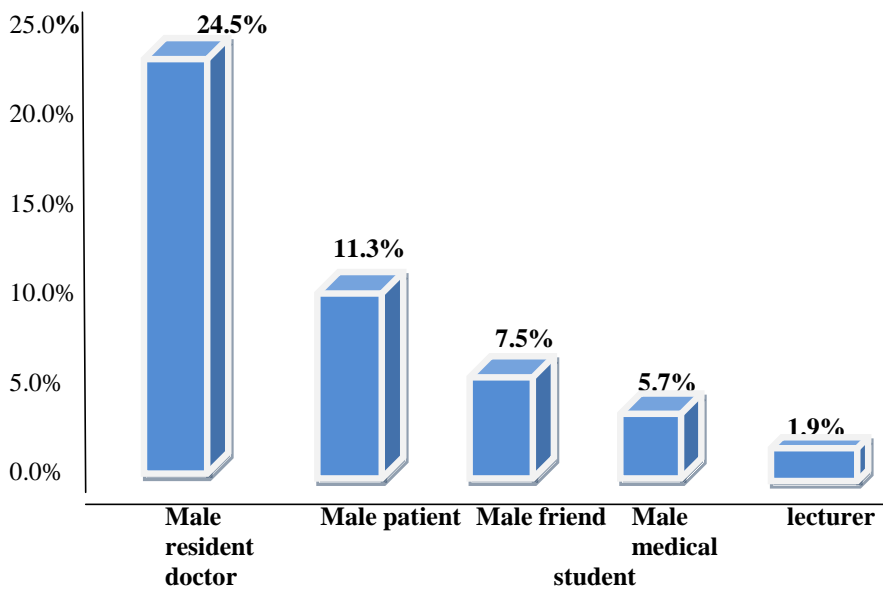
n= 145		
Level of course	No	(%)
Basic Nursing	118/187	63.1
Midwifery	20/44	45.5
Occupational Nursing	5/11	45.5
Perioperative	2/8	25

**Table 4.7: Sex Distribution of Sexually Harassed Respondents in each course of study**

n=145			
Class/Group	Male	Female	Total
Basic Nursing	18/118(15.2%)	100/118(84.8%)	118(81.4%)
Midwifery	10/21 (47.6%)	11/21 (52.4%)	21 (14.5%)
Occupational Nursing	¼ (25%)	¾ (75%)	4 (2.8%)
Perioperative	-	2/2 (100%)	2 (1.3%)
<b>Total</b>	29/145 (20%)	116/145 (80%)	145 (100%)

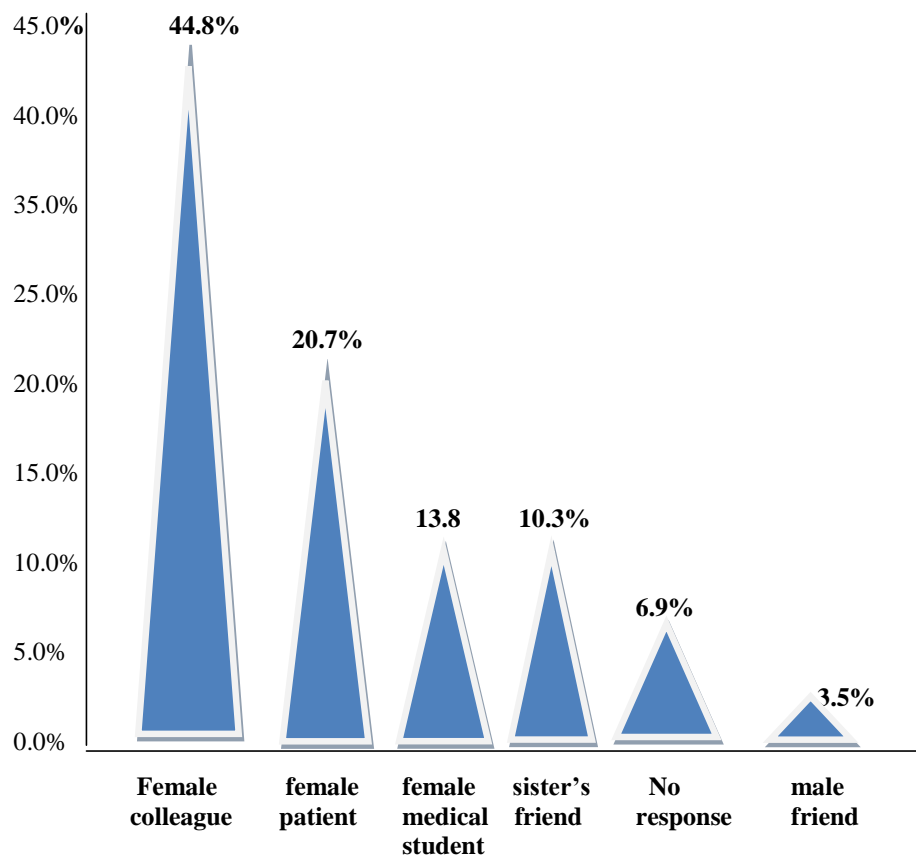
### Perpetrators of sexual harassment among Basic Nursing Students

Reported perpetrators of SH among female respondents were male residents doctors (24.5%), male patients (11.3%), male friends (7.5%), male medical students (5.7%) and lecturers (1.9%). Perpetrators of SH among male respondents were female colleagues (44.8%), female patients (20.7%), female medical students (13.8%), sisters friends (10.3%) and friends (3.5%). (Figures 4.3 and 4.4).



**Figure 4.3: Harassers of female respondents in Basic Nursing programme**





**Figure 4.4: Harassers of male respondents among Basic Nursing Student.**

**Perpetrators of sexual harassment among students of midwifery, occupational nursing and perioperative nursing.**

Reported perpetrators of sexual harassment among female students of midwifery, occupational nursing and perioperative nursing includes male doctors/ consultants, male patients, male friends, while the harassers of males includes female colleagues, female patients, female medical student. See tables 4.8, 4.9 and 4.10. The only male respondent in Occupational Nursing programme reported sexual harassment by female colleagues, female patients and female medical students. Also, the two (2) female perioperative nursing students who have ever been sexually harassed in the school environment reported male doctors and male medical students as harassers while only one of them reported having been sexually harassed by male patients and lecturer.

**Table 4.8: Perpetrators of Sexual Harassment among Female Midwifery Students  
n=11**

<b>Harassers</b>	<b>No</b>	<b>(%)</b>
Male doctors /Consultants	5/11	45.5
Male Patients	4/11	36.4
Male Friends	5/11	45.5
Male Medical Student	3/11	27.3
Lecturer	4/11	36.4
Female Friend	1/11	9.1

**Table 4.9: Harassers of Male Midwifery Students**

<b>Harassers</b>	<b>No</b>	<b>(%)</b>
Female Colleagues	4/10	40%
Female Patients	4/10	40
Female Student	3/10	30
Male Friend	1/10	27.3

**Table 4.10: Harassers of Female Occupational Nursing Students**

Harassers	n=3	
	No	(%)
Male doctors /Consultants	2/3	66.7
Male Patients	1/3	33.3
Male Friends	1/3	33.3
Male Medical Student	1/3	33.3
Lecturer	1/3	33.3

**Types of Sexual harassment experienced:**

Different forms sexual harassment were reported by the respondents. This ranged from: looked or stared t part of body recipients or victim in an unwelcome way (98.6%); brushed body against victims (79.3%); hugged/kissed without their consent (76.6%)arm twisted or arm shaken (75.9%); grabbed or held firmly suspicious (64.1%); sexual gesture (62.1%); unwanted word words/jokes (55.6%); offer of money to seduce (46.8%); threat of failure (37.6%). See Table 4.11.

Also, the different types of sexual harassment experienced by respondents in the four courses of study in the SNUCH as well as sex distribution of the types of SH experienced are presented on tables 4.12 and 4.13 below:

**Table 4.11: Types of sexual harassment experienced among students of Nursing School, UCH**

	<b>n = 145</b>	
<b>Physical Sexual Harassment experience</b>	<b>Yes (%)</b>	<b>(%)</b>
Touch breast or any other part of the body in a way you did not like	98	(67.6)
Hugged/kissed you without your consent	111	(76.6)
Kiss against your wish	39	(26.9)
Forced to view sexually explicit (blues, film, magazine e.t.c)	32	(21.4)
Forceful sexual attempt	57	(39.3)
Threat with charms for love or sex	25	(17.2)
Someone insisted to have sex with you	41	(28.3)
Offered material thing to entice for sex	66	(45.5)
Offer of money to seduce students	52	(35.9)
Arm twisted or hand shaken in an unwelcome way	110	(75.9)
Grabbed or held firmly suspiciously	93	(64.1)
Looked or stared at any part of body in an unwelcome way	143	(98.6)
Someone made sexual gestures at you	90	(62.1)
Body brushed against your own in an un-welcome manner	115	(79.3)
Unwanted words/jokes	139	(55.6)
Threat of failure if one do not consent	94	(37.6)

**Table 4.12a: Types of sexual harassment experienced among students across the four courses of study at the School of Nursing, UCH**

Types of sexual harassment experience	n = 145				Total
	Basic Nur	Mid. Wife	Occup. Nur.	Periop	
Touch breast or any other part of the body in a way you did not like	58	20	8	2	98
Hugged/kissed you without your consent	87	21	2	1	111
Kissed against your wish	25	10	3	1	39
Forced to view sexually explicit materials(blues film, magazine etc)	21	8	2	1	32
Forceful sexual attempt	40	12	3	2	57
Threat with charms for love or sex	15	8	1	1	25
Someone insisted to have sex with you	28	10	2	1	41
Offered material things to entice for sex	50	11	4	1	66
Given money to seduce to have sex	35	10	5	2	52
Arm twisted or hand shaken in an unwelcome way	80	20	8	2	110
Attempted or actual given drugged drinks /food to make you sleep so as to have sex with you	29	9	2	1	41
Grabbed or held firmly suspiciously	68	16	7	2	93
Looked or stared at any part of body in an unwelcome way	111	22	8	2	143
Thrown an object to attract attention	51	12	3	1	67
Someone made sexual gestures at you	63	19	7	1	90
Attempt to view, see or look at your sexual organ without knowing	37	9	6	1	53

**Table 4.12b**

<b>Types of sexual harassment experience</b>	<b>Basic</b>	<b>Mid.</b>	<b>Occup.</b>	<b>Periop</b>	<b>Total</b>
Body brushed against your own in an un welcome manner	91	21	2	1	115
Unwelcome touch of sexual or sensitive organs	94	20	7	2	123
Display of sexually explicit drawings, pictures, film and written materials	73	23	8	2	106
Sexual demand	90	21	8	2	121
Unwanted words/jokes	108	22	7	2	139
Threat of failure if one do not consent	66	20	7	1	94
Offer of money to seduce students	87	21	7	2	117
Spread of rumours about others' sexual activities	71	19	6	2	98
Drug sedation	57	23	7	2	89

**Table 4.13a: Sex distribution of types of sexual harassment among students of school, UCH**

<b>n = 145</b>					
<b>Types of sexual harassment experience</b>	<b>M</b>	<b>%</b>	<b>F</b>	<b>%</b>	<b>Total</b>
Touch breast or any other part of the body in a way you did not like	1/29	3.4	97/116	(83.6)	98
Hugged/kissed you without your consent	9/29	31	102/116	(87.9)	111
Kissed against your wish	2/29	6.9	37/116	(31.9)	39
Forced to view sexually explicit materials(blues film, magazine etc)	1/29	3.4	31/116	(26.7)	32
Forceful sexual attempt	2/29	6.9	55/116	(47.4)	57
Threat with charms for love or sex	-	-	25/116	(21.6)	25
Someone insisted to have sex with you	-	-	41/116	(35.3)	41
Offered material things to entice for sex	-	-	66/116	(56.9)	66
Given money to seduce for sex	-	-	52/116	44.8	52

**Table 4.13b**

<b>Types of sexual harassment experience</b>	<b>M</b>	<b>%</b>	<b>F</b>	<b>%</b>	<b>Total</b>
Arm twisted or hand shaken in an unwelcome way	2/29	6.9	108/116	(93.1)	110
Attempted or actual given drugged drinks /food to make you sleep so as to have sex with you	-	-	41/116	(35.3)	41
Grabbed or held firmly suspiciously	12/29	41.4	81/116	(69.8)	93
Looked or stared at any part of body in an unwelcome way	27/29	93	116/116	(100)	143
Thrown an object to attract attention	7/29	24	60/116	(51.7)	67
Someone made sexual gestures at you	10/29	34.5	80/116	(69)	90
Attempt to view, see or look at your sexual organ without knowing	5/29	17.2	48/116	(41.4)	53
Body brushed against your own in an un welcome manner	20/29	69	95/116	(82)	115
Unwelcome touch of sexual or sensitive organs	7/29	24	116/116	(100)	123
Display of sexually explicit drawings, pictures, film and written materials	7/29	24	99/116	(85.3)	106
Sexual demand	5/29	17.2	116/116	(100)	121
Unwanted words/jokes	23/29	79.3	116/116	(100)	139
Threat of failure if one do not consent	-	-	94/116	(81)	94
Offer of money to seduce students	1/29	3.4	116/116	(100)	117
Spread of rumours about others' sexual activities	1/29	3.4	97/116	(83.6)	98
Drug sedation	-	-	89/116	(76.7)	89

**Places where sexual harassment occur in the school environment.**

Sexual harassment experienced occurred both in and out of school settings. In school settings, where sexual harassment occurred were hospital premises (28.2%); reading room (20.0%); classroom (17.2%); library (13.7%); ward (15.9%). Out of school setting included social party (26.8%); hostel restaurant (26.8), friend’s house (14.8%) and at recreation center (2.7%). See tables 4.14 and 4.15.

**Table 4.14: Place where SH occurred (within the school)**

n =145		
Place	No	(%)
Hospital Premises	41	28.2
Reading Room	29	20.0
Classroom	25	17.2
Ward	22	15.2
Library	20	13.7

**Table 4.15: Places where SH occurred (outside the school)**

n=145		
Place	No	(%)
Social Party	39	26.8
Hostel/Restaurant	29	20.0
Friends house/family house	22	14.8
Recreation centre/event centre	2	1.4

**Perceived predisposing factor to sexual harassment:**

Perceived predisposing factor enumerated by respondents included wearing suggestive dress (55.2%), attending social parties(52.4%), association with certain peers(56.0%) and drinking alcohol (8.2%). Table 4.16. Also on table 4.17 is the distribution of perceived predisposing factors to SH among respondents in the four courses of study while sex distribution of perceived predisposing factors to SH is presented on table 4.18.



Of the 113 students who reportedly experienced SH at social party, 92(63.4%) were in Basic nursing, 12(8.3%) were in Midwifery, 7(4.8%) were in Occupational nursing, and 2(1.4%) were in Perioperative nursing class. Also, those who were sexually harassed as a result of putting on suggestive dress included; Basic nursing students 56(38.6%), Midwifery 9(6.2%), Occupational nursing 4(2.8%) and Perioperative nursing student 1(0.7%).

**Table 4.16: Perceived predisposing factors to sexual harassment**

<b>Predisposing Factor</b>	<b>n=150</b>	
	<b>No</b>	<b>%</b>
Wearing of suggestive dressing or related matters.	80	55.2
Peer influence	81	56.0
Drunkenness	19	8.2
Visitation to recreation centres	5	2.1
Watching pornographic pictures	2	1.4
Multiple responses		

**Table 4.17: Distribution of Perceived Predisposing factors to sexual harassment among students in the four courses at the school of Nursing, UCH, Ibadan**

<b>Course Of Study</b>	<b>n=145</b>			
	<b>Wearing suggestive dress</b>	<b>Association with certain peers</b>	<b>Attending social party</b>	<b>Drinking Alcohol</b>
Basic Nursing	65/118 ((55.1%)	68/118 (57.2%)	63/118 (53.4)	9/118 (7.6%)
Midwifery	12/20 (60%)	10/20 (50%)	8/20(40%)	2/20 (10%)
Occupation				
Nursing	3/5(60%)	2/5 (40%)	4/5 (80%)	1/5 (20%)
Preoperative				
Nursing	-	½ (50%)	½ (50%)	-
Total	80/145 (55.2%)	81/145 (56.0%)	76/145 (52.4%)	12/145 (8.2%)

**Table 4.218: Sex distribution of perceived predisposing factors to sexual harassment  
n=145**

<b>Perceived Predisposing Factor</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>%</b>
Wearing Suggestive dresses	1	79	80	5.2
Association with certain peers	11	70	81	6.0
Attending Social party	11	65	76	2.4
Drinking Alcohol	3	9	128.2	

#### **Consequences of sexual harassment**

Respondents were asked the extent to which sexual harassment caused or aggravated certain listed situations or conditions. Out of 145 respondents who declared being sexually harassed, 80.8% reported that the experience of SH brought hatred for the perpetrator, 74.8% experienced fear of possible reoccurrence, 68.4 reported feelings of depression, 68.0% found it difficult to concentrate on their academics, while 56.6% reported that they actually experienced failure in academics (see table 4.19) .

**Table 4.19: Experienced consequences of sexual harassment**

	<b>n=145</b>	
<b>Consequence</b>	<b>No</b>	<b>%</b>
Hatred towards the perpetrator	117	80.8
Fear of possible reoccurrence	109	74.8
Feeling of depression over the incident	99	68.4
Loss of concentration on academics	98	68.0
Experienced failure in academic	82	56.6
Fear of going to where the incident occurred	60	41
Fear of going to where the incident occurred	56	39
Multiple responses		

### **Coping strategies adopted and actions taken against sexual harassment**

Various methods, strategies and skills were adopted by the students of nursing to cope with sexual harassment. There were differences in the coping strategies applied to male and female in dealing with the situation, gender difference always dictates approaches to situations and finds means of finding solution to challenges of life. Coping strategies peculiar to female students included breaking relationship with the perpetrator (85.3%), identifying situation that may likely lead to sexual harassment and avoiding such (83.6%), ignoring the person (71.6%), reporting to pastor/imam (69.8%), simply telling the person that the act is unwelcome and must be stopped . (57.8%) other are shown on table 4.20.

Coping Strategies peculiar to males included reporting administrator in the school (82.8%), identifying situation that is likely to led to sexual harassment and avoiding it (75.9%), reporting to school authority (72.4%) going to a place of worship for religious activities (72.4%), withdrawing from the place or the perpetrator (72.4%) and other shown on table 4.21.

**Table 4.20: Coping Strategies against sexual Harassment adopted by females**

**n = 116**

<b>Coping strategies</b>	<b>No</b>	<b>(%)</b>
Break relationship with the perpetration of sexual harassment	99	(85.3)
Identify situation that is likely to lead to sexual harassment and avoid such	97	(83.6)
Ignore the person	83	(71.6)
Report to Pastor/imam	81	(69.8)
Go to a place of worship for religious activities	72	(62.1)
Simply tell the person that the act is unwelcome and should be stopped	67	(57.8)
Withdraw from the place or the perpetrator	59	(50.9)
Be angry with person and scorn him/her	59	(50.9)
Read a journal and book to deal with the remorse	55	(44.4)
Report to school authority	53	(45.7)
Report to Administrator in the school	52	(44.8)
Report to Lecturer	41	(35.3)
Listen to music to soothe the feeling	36	(31.0)
Engaged in verbal confrontation with the abuser	21	(18.1)
Fight with the perpetrator	21	(18.1)

\* **Mutually exclusion response**

**Table 4.21: Coping strategies against sexual harassment adopted by males** n=29

Coping Strategies	Number	(%)
Report to Administrator in the school	24	(82.8)
Identify situation that is likely to lead to sexual harassment and avoid such	22	(75.9)
Report to school authority	21	(72.4)
Go to a place of worship for religion activities	21	(72.4)
Withdraw from the place or the perpetrator	21	(72.4)
Report to pastor/Imam	20	(69.0)
Ignore the person	20	(69.0)
Simply tell the person that the act is unwelcome and should be stopped	19	(65.5)
Be angry with the person that the act is unwelcome and should be stopped	19	(65.5)
Break relationship with the perpetrator of sexual harassment	19	(65.5)
Report to Lecturer	18	(62.1)
Engaged in verbal confrontation with the abuser	16	(55.2)
Read a journal and book to deal with the remorse	13	(44.8)
Listen to music to soothe the feeling	12	(41.1)
Fight with the perpetrator	12	(41.4)

\* **Mutually exclusion response**

**Satisfaction of coping strategies adopted by the respondents**

The result gathered about the satisfaction of coping strategies employed against sexual harassment by the students of SNUCH, Ibadan revealed that, generally, coping strategies adopted by the respondents were not satisfactory. More males (82.7%) were dissatisfied with coping strategies employed than females (52.6%). More respondents in Basic Nursing programme

(60.1%) were satisfied with coping strategies employed than their counterparts in Midwifery (45.0%), Occupational Nursing (50.0%). and Perioperative (40.0%) Fifty–seven percent of respondents were dissatisfied with handling of SH personally while only 11.6% were satisfied with how reported cases were handled by the school authority. See table 4.22.

Suggestions proffered by the respondents through which individuals, school authorities and government can better handle sexual harassment in the school environment included: health education programme (29.0%); enactment of jail term for sexual harassment (19.3%); making rules and laws against SH including punitive measures (16.3%). See table 4.23.

**Table 4.22 Satisfaction of Coping Strategies adopted among students in different course**

Course	Satisfaction of Coping Strategies employed	n= 145
		%
Basic Nursing	71/118	60.1
Midwifery	9/20	45.0
Occupational Nursing	2/5	40.0
Perioperative	1/2	50.0

**Table 4.23: Suggestion by which individuals, school authorities and government can better handle sexual harassment in the school environment**

**n=166**

<b>Suggestions</b>	<b>Number</b>	<b>(%)</b>
Health education	48	29.0
Enactment of jail term for sexual harassment	32	19.3
Making rules and law which serve as punishment	27	16.3
Public enlightenment	21	16.3
Legalization of all case of sexual harassment	18	10.8
Counseling should be done	12	7.2
Policy should be made against sexual harassment	5	3.0
Regulation should be made n dressing code	3	1.7
<b>Total</b>	<b>166</b>	<b>100.0</b>

**\* Multiple responses**

## Result of Hypotheses

### Hypothesis One

H0: There was no significant association between perception of SH and Prevalence of SH.

The relationship between respondents' perception of prevalence of sexual harassment in their environment and experience of SH is shown in Table 4.24. The chi-square result revealed that there was a strong association between perception of sexual harassment and experience of it ( $p=0.000$ ). This was also shown in the frequency of those who perceived SH as common in their environment (i.e. SN, UCH School setting) and had experienced sexual harassment 138 (60.5%) compared with those who neither perceived SH nor experienced it.

**Table 4.24: Chi-square table showing association between Respondents' perception of prevalence of sexual harassment in the School of nursing by experience of SH**

n=250

Ever been Harassed in the school environment	Perception of sexual harassment as common in the environment			Chi-square
	Yes (%)	No (%)	Total (%)	
Yes	140/145(96.6)	5/145 (3.4)	145 (58.0)	$X^2 = 12.271$ DF = 1 P = 0.000
No	88/105 (83.8)	17/105 (16.2)	105 (42.0)	
Total	228 (91.2)	22 (8.8)	250 (100.0)	

### Decision:

Based on the chi-square result shown in the table 4.24, the alternate hypothesis, which stated that there is significant association between perception of prevalence of SH and experience of SH is accepted to reject the former null hypothesis that stated that there is no significant association between perception of prevalence of SH and experience of SH.



## Hypothesis Two

H0: There was no significant association between attendance of social party, as a predisposing

factors to SH, and experience of SH.

The result from the table showing the association between experience of sexual harassment and event setting such as social party revealed that attending social gathering/party is a predictor of sexual harassment. This was evidently proved as all the respondents who claimed to have attended social party or gathering like social event, hotel or restaurant had one time or the other experienced sexual harassment  $p=0.000$  (100.0%) (Table 4.25).

**Table 4.25: Chi-square table showing association between attendance of social party as a pre Chi-square disposing factor to SH and experience of Sexual Harassment.**  
n=250

Experienced Sexual Harassment.	Sexually harassed at Social party			Chi-square
	Yes (%)	No (%)	Total (%)	
Yes	113/145(77.9)	32/145 (22.1)	145 (58.0)	$X^2 = 148.723$ DF = 1 P = 0.000
No	34/105 (32.4)	71/105 (67.6)	105 (42.0)	
Total	147 (58.8)	103 (41.2)	250 (100.0)	

### Decision:

Based on the result shown in table 4.25, the alternative hypothesis which stated that there is significant association between predisposing factors to SH (attendance of social party) and experience of SH is therefore accepted. This implies that attending social party is strongly linked with incidence of sexual harassment in the school environment.

### Hypothesis Three

H0: There was no significant association between wearing suggestive dresses (like mini& micro body lug, harmless, jumper e.t.c) and experience of SH.

### Association between wearing suggestive dresses (like mini& micro body lug, harmless, jumper e.t.c) and experience of SH.

Wearing suggestive or provocative dresses is significantly related to sexual harassment experience. Respondents who had sometime wore suggestive dressing (like mini & micro, body lug, harmless, jumper e.t.c) 70 (48.3%) declared being sexually harassed in the course of wearing such mentioned dress. Chi-square result revealed that dressing is likely to have association with prevalent and experience of sexual harassment at any setting  $p=0.000$  (Table 4.26).

**Table 4.26: Chi-square table showing association between wearing suggestive dresses (like mini& micro body lug, harmless, jumper e.t.c) and experience of SH.**

				n=250
Ever been Harassed in the school environment	Ever been harassed due to wearing suggestive dress			Chi-square
	Yes (%)	No(%)	Total (%)	
Yes	70/145 (48.3)	5/145(51.7)	145 (58.0)	$X^2 = 19.471$ DF = 1
No	22/105 (21.0)	83/105 (79.0)	105 (42.0)	P = 0.000
<b>Total</b>	92 (36.8)	158 (63.2)	250 (100.0)	

### Decision:

Based on the result shown in table 4.26, the alternative hypothesis, which stated that there is significant association between wearing suggestive dresses and experience of SH is therefore accepted. Translating that students are prone to experiencing sexual harassment when they put on suggestive dresses.

#### Hypothesis Four

H0: There was no significant association between course of study and experienced of sexual harassment.

The table presentation of association between course of study and experience of sexual harassment shows that there was no association between course of study and experienced of sexual harassment. This was shown in the responses of the participants in the study about their experience of sexual harassment. ( $p=0.943$ ) than their counterparts. See table (Table 4.27).

**Table 4.27: Chi-square table showing association between course of study and experience of Sexual Harassment**

Course of study	Ever been harassed in the school environment			Chi-square
	Yes (%)	No (%)	Total (%)	
				$X^2 =$
				8.650
Basic Nursing	118/187(63.1)	69/187(36, 9)	187 (74.8)	DF = 3
Midwifery	20/44(45.5)	24/44(54.5)	44 (17.6)	P = 0.034
Perioperative	2/8(25.0)	6/8(75.0)	8(3.2)	
Occupational				
Nursing	4(36.4)	7(63.6)	11(4.4)	
<b>Total</b>	144(57.6)	106(42.4)	250(100.0)	

#### Decision:

Based on the result shown in table 4.27, the alternative hypothesis, which stated that there is significant relationship between course of study and experience of sexual harassment is therefore accepted.

### Hypothesis Five

H0: There was no significant association between sex and satisfaction of coping strategies employed against sexual harassment.

Respondents' sex by satisfaction of coping strategies employed against sexual harassment.

Association between sex and satisfaction of coping strategies employed against sexual harassment was determined. The chi-square results shows that there was an association between the way male or female were satisfied with coping strategies they employed against sexual harassment. Male respondents claimed to be satisfied with the coping strategies employed (75.5%), than their female counterpart (51.8%).  $P=0.002$ . (Table 4.28).

**Table 4.28: Chi-square table showing association between respondents' sex and satisfaction of coping strategies**

Sex	Satisfied with the ways incidence of sexual harassment was personally handled			Chi-square
	Yes (%)	No (%)	Total (%)	
Male	40/53(75.5)	13/53(24.5)	53(100.0)	$X^2 = 10.032$ DF = 1
Female	102/197(51.8)	95/197(48.2)	197(100.0)	P = 0.002
<b>Total</b>	142(56.8)	108(43.2)	250(100.0)	

### Decision:

Based on the result shown in table 4.28, the alternative hypothesis, which stated that there is significant association between respondents' sex and satisfaction of coping strategies employed against sexual harassment is therefore accepted.

## CHAPTER FIVE

### DISCUSSION, CONCLUSION AND RECOMMENDATIONS

This chapter is organized into ten sub-sections as follow: socio-demographic characteristics; perception about sexual harassment; prevalence of sexual harassment, types, perpetrators, predisposing factors to sexual harassment, consequences of sexual harassment among students of school of nursing; coping strategies against sexual harassment; case management and implications of the findings for health education. The chapter ends with the conclusion and recommendations including suggestions for further studies.

#### **Socio demographic characteristics of the participants**

The socio-demographic characteristics of the respondents in the study show that a large majority of the nursing students were females while only few were males. This is not surprising as nursing profession is being as women's profession with only a few male in the profession. This is reflecting in the nursing world across the world.

According to Walling (2011), nursing remain a female-dominated occupation. For instance, in the United States, men constitute a mere 7.9 percent of all nursing jobs despite being predominant in nearly every other sector of healthcare. The word nurse itself came into use sometime in the 12th Century. From the French nurrice, it applied exclusively to wet-nurses, women who suckled the children of the wealthy in lieu of their biological mothers. As this practice died out in the 14th and 15th Centuries the word's meaning changed, eventually coming to mean "to care for the sick" by the 1530s. Professionals who aided the sick, but were not qualified to be called doctors, were nurses; and while the field remained dominated by men, the secondary definition and female connotation remained. In addition, Ozdemir, Akansel and Tunk (2008) pointed out that Turkish word for nurse is "hemsire" in Turkish language, which has two meanings such as "sister" and "woman who gives care to sick people" (Turk Dil ve Tarih Kurumu, TDK, 2001). This word evokes both a female gender and a profession. These may explain why the female dominated this profession both at the nursing as well as the practicing professionals.

In addition to this, three major factors contributed to the change of hands that occurred in nursing: industry, war and publicity. As options for workers developed in the wake of the industrial revolution, nursing, with its low pay and high risk of disease, became a less desirable occupation. As men stepped out of the field, women stepped in to fill the labour gap. This, in conjunction with the increased demand for nursing professionals and lack of male candidates brought on by the American Civil War, Crimean War and First World War gave women a chance to increase their presence immensely.

This opinion was also shared by Cash and Meadus as they stressed that most female dominant positions, including nursing, have failed to attract male recruits. This is attributable to in part of issues such as status and pay, but it is also result of the gender role stereotyping of the profession. Thus; it has become identified as a profession deeply embedded in the gender based power relations of society (Cash 1997, Meadus 2000).

Moreover, a large majority of the respondents were Christian with a few belonging to Islam and Traditional religion faith. Although religion of the participants has nothing to do with the profession, but it would not be farfetched that Christian religion faithful are more favourably disposed to the profession and thus this may influence the choice of the profession by the female Christian. More than half of the respondents were within the age bracket 20 – 24 years which shows that they are still in the productive years of the economy. Therefore, the health status of citizen who are in their productive years such as those of the respondents should be well taken care of because this has implication for the economy of the country. A healthy workforce is an indication of an economically stable nation. In studies conducted among students of schools of nursing by Ozdemir, Akansel and Tunk (2008), and Sarah and Lan (2007), similar age bracket was reported for students of school of nursing.

Findings from the study show that a large majority of the respondents were undergoing courses in the Basic Nursing and followed by those in the Midwifery, Occupational Nursing and Perioperative Nursing were. Of those in the Basic Nursing, about half were in the first year. This is supported with the fact that Basic Nursing is the entry point into the nursing profession and as

such, it is expected that there will be more students in the Basic Nursing than those in the other courses as they tend to allow students who are registered nurses to specialise in the area of choice. The curriculum of the National Open University of Nigeria, as pointed out by Adebajo and Olubiya (2008), nursing education in Nigeria takes cognizance of the National Policy in developing sound educational principles which are essential to the preparation of Nurses to function independently and/or as members of interdisciplinary and inter-sectoral teams. They pointed out that the General Nursing programme is the basic education programmed for all nurses in Nigeria while others are offered at the Post basic levels. The programme forms the basis for the practice of Nursing and continuing professional development in the field of nursing and to prepare different cadre of competent nurse practitioners at all levels, who will utilize problem solving techniques in providing safe, acceptable, effective and affordable health services to meet the health needs of individuals, families and the community.

#### **Perception/ knowledge about sexual harassment**

Higher institutions of learning are expected to provide learning and working environments wherein all members of academic communities (students and academic) may pursue their studies, scholarship and work without bias or intimidation. The specter of sexual harassment is inimical to this end.

Results from the study showed that almost all the respondents (96.8%) had knowledge of sexual harassment as any verbal or physical conduct of sexual nature that is offensive, intimidating and humiliating. Moreover a large majority (95.2%) are of the opinion that a victim of sexual harassment could be male or female, also 91.2% of respondents perceived that sexual harassment occur and is common in the nursing school environment. These finding is similar to that of Menon, Shilalukey-Ngoma, Siziya, Ndubani, Musepa, Malungo, Munalula, Mwela and Serpell (2009) who reported high knowledge and perception of SH among respondents and that the occurrences of sexual harassment have been reported at both workplace and in education institutions. Nursing school as it is designed has dual characteristics of a school located in a work environment and they tend to experience what workers in the hospital settings experienced too. This findings show that there are different experiences respondents regarded as sexual harassment. Menon et al (2009) for instance pointed this out also as they found significant

difference in understanding what constitute sexual harassment among the categories. From their study, the students better understood explicit statements, repeated humiliation based upon the sex, remarks about sexual activities, exposure to sexually suggestive visual displays, persistent, unwanted sexual attention, physical interference with individuals and overt pressure for sexual favours to be sexual harassment, where as non-academic staff better understood unwanted sexual attention, subtle pressure for sexual favours, and intentional touching to constitute sexual harassment.

#### **Prevalence of sexual harassment among students of School of Nursing, UCH.**

One hundred and forty-five of the respondents representing 58.0% had reportedly been sexually harassed at one time or the other. This consists of 29 males (20.0%) and 116 females (80.0%).

Although the behavioural expression of sexual harassment may be culturally determined, occurrence of sexual harassment at Universities is universal (Denga and Denga, 2004; Hill and Silva, 2005). An American study that included a nationwide representation of population reported that sexual harassment is experienced by most campus students and that men and women are equally likely to experience sexual harassment. But, more female participants were occasionally worried of being sexually harassed, where as more male participants were rarely worried about being sexually harassed at (Simelane,, 2001) UNZA. This is in order with studies which report that more female students at institutions of higher education are likely to experience sexual harassment. Sexual harassment can be considered to be a manifestation of unequal power between men and women (Simelane, 2001; Fitzgerald, 1993; Fitzgerald, 1992). In conformity to other studies males are the most likely perpetrators of sexual harassment. However, there have also been studies that have reported that males are frequent victims of sexual harassment. Many times women are also blamed for not reporting the sexual harassment as soon as it happens, no matter how well-respected a woman is, if she fails to report sexual harassment-or if she does report it- her status of a 'respectable woman' in the community generally (Fitzgerald, 1992) suffers. But it cannot be underestimated that sexual harassment has an impact on the individual.

This was also corroborated by Alan(1987), Preston (1990), Finnis and Robbins (1994) as reported by Rippon (2000), they see sexual harassment, although a form of aggression, has been



an on-going problem. They pointed out that between 16% and 76% of nurses have experienced sexual harassment. Rippon (2000) also reported that 17% of nursing staff have been sexually assaulted.

A 2002 study of students in the 8th to 11th grade, undertaken by the American Association of University Women (AAUW), revealed that 83% of girls have been sexually harassed and 28% of boys have been sexually harassed, by teachers and colleagues, (AAUW, 2002). Also in the association's study, it was reported that 62% of female college students and 61% of male college students have been sexually harassed in their universities, with 80% of the reported harassments being peer-to-peer (AAUW, 2006).

#### **Places where sexual harassment commonly occurs**

Findings in this study also show that various places were mentioned where the harassment occurred such as the hostel, hospital premises, nursing stand house, classroom, night parties, sister's room and in the office. The findings also pointed out that more than half of the respondents had ever been harassed and a few had ever been sexually harassed by friends. For those who had ever been sexually harassed by friends, the harassment occurred within the school in the following settings: classroom, library and reading room. Place of leisure or recreation while at school such as eatery, common room, hostel, room, canteen, playing ground, dining room, reading room, lecturer's office and hospital area were not excepted as common places where sexual harassment occurs.

This finding is corroborated by Hill and Silva (2005), when they reported that sexual harassment is not confined to any particular location on campus. To the extent that any pattern emerges, the number of incidents at a location probably reflects the amount of time students spend there. It was further stressed that among students who have been harassed, more than one-third have been harassed in a dorm or student housing (39 %) or outside on campus grounds (37 %). About one-fifth have been harassed in common areas of campus buildings (24 %) or in class-rooms or lecture halls (20 %). More than one-quarter of students (27 %) have been harassed "someplace else," and 12 percent are not sure. The latter response may in part reflect the "placeless" nature of some forms of sexual harassment, such as e-mail messages or harassment that takes place in

multiple places (e.g., being followed). It may also reflect the classification of an incident as “related to their college life,” even if it happened off campus.

### **Types of sexual harassment experienced**

Findings of this study showed that the types of sexual harassment experienced are unwanted touch, eyes contact, verbal expression, sexual lust, offering money to seduce, visual harassment, physical harassment among other. Hill and Silva (2005) corroborated this finding as it was found that according to some college students, unwanted comments, jokes, gestures, and looks are the most common type of sexual harassment on campus. About half of college students have been the target of unwanted sexual comments, jokes, gestures, or looks, and a similar number know someone personally who experienced this type of harassment. Hill and Silva (2005) also reported that physical forms of harassment are also prevalent. For example, one-quarter of college students have been touched, grabbed, or pinched in a sexual way, and nearly one-third of students know someone personally who has experienced this kind of harassment. Other common types of sexual harassment include flashing or mooning, intentionally brushing up against someone in a sexual way, and spreading sexual rumors about individuals.

Menon et al (2009) in their study also stressed that a majority of the participants, considered deliberate, repeated humiliation or intimidation based on sex; persistent, unwanted sexual or romantic attention; subtle or overt pressure for sexual favours; and intentional touching or physical assault, to be acts of sexual harassment. Only a small percentage of the respondents considered remarks about sexual activities, or speculations about sexual experience and deliberate physical interference with or restrictions of individuals, to be acts of sexual harassment.

### **The harasser/perpetrator of sexual harassment**

Findings from this study also shows that top on the list of usual perpetrators of sexual harassment against females in the environment are male physicians/doctors (24.5%) male patients (11.3%), medical students (5.7) and lecturers(1.9%), while those against males are female colleagues (44.5), and female patients (20.7%) among others. Predominantly more females are the recipients of sexual harassment and the stand at more risk of associated consequences. This is in conformity with other studies, (Rippon, 2000); majority of the respondents cited males to be the

most perpetrators of sexual harassment. However, the study also showed that female is perpetrator of sexual harassment although few respondents mentioned this. Rippon (2000) also buttressed this fact as he pointed out that there have also been studies that have reported that males are frequent victims of sexual harassment. In his findings about Sexual Harassment in Nigerian Tertiary Institutions in 2010, Sheriff Garba (2010) also corroborate this report when he commented that some Lecturers in Nigeria especially among the males see themselves as thin gods and as a direct consequence indulge in all sorts of unprofessional acts with impunity fully confident that they will always get away with it at the end of the day.

This finding is supported by other studies by Menon et al (2009) which is in order with an earlier study (Mayekiso and Bhana, 1997) that reported 50% of female students to have been harassed by their professors or instructors.

An American study also reported peer sexual harassment to be common among 20 college students. It was also found that female students are more likely to be sexually harassed, which is in (Mayekiso and Bhana, 1997) order with an earlier study that reported 50% of female students to have been harassed by their professors or instructors. In such a case it would be expected for more female students to perceive lecturers harassing students.

A survey in 2002 also buttress this point as it reports that of the students who were harassed were harassed by their teachers and that female students are the most likely to be harassed (Boland 2002). Riggs et al 1993 also pointed out that, while all members of the academic community are potential victims of unwelcome sexual behaviour, the majority of complainants are female students, faculty, and staff. Dziech and Weiner (quoted in Riggs, 1993) report that 20 to 30 percent of undergraduate female students are the victims of some form of sexual harassment by at least one of their professors during their undergraduate years reported that more than 60 percent of the residents surveyed at large research and doctorate institutions said sexual harassment is a problem. From all these, it may be implied that because of power structures and cultural biases within the academy, women are overwhelmingly the targets of sexual harassment and, although a profile has not been empirically established, nearly all harassers are male. Owoaje and Olusola Taiwo (2009) also corroborate this by reporting the sexual harassment experiences of female graduates from tertiary institutions in Nigeria. The majority (69.8%) of the respondents had been sexually harassed, with the main perpetrators being male classmates and lecturers. About two-thirds experienced the non-physical type of sexual harassment; 48.2%

experienced the physical type. Non-physical harassment included sexual comments (57.8%) and requests to do something sexual in exchange for academic favors (32.2%). Physical forms of sexual harassment included unwanted sexual touching (29.4%) and being intentionally brushed against in a sexual way (28.9%).

### **Student-to-Student**

Finding from the study indicates that harassment comes from students (colleagues and friends as well as medical student). Student-to-student harassment is the most common form of sexual harassment on campus. Hill and Silva (2005) in their study found that more than two-thirds of students say that peer harassment happens often or occasionally at their college, and more than three-quarters of students who experienced sexual harassment have been harassed by a student or a former student. Aluede, Imokhire, and Idogho 2011 also reported that since students comprise the vast majority of the campus population, it is perhaps not surprising that most sexual harassment occurs between and among students. Still, the prevalence of peer harassment among college students suggests a student culture that accepts or at least seems to tolerate this type of behaviour.

### **Staff-to-Student**

Respondents indicated that they or their friends experienced sexual harassment from their lecturer as well as some doctors in the ward. According AAUW (2006) sexual harassment of student by faculty staff is less common than peer harassment, but it does occur. Hill and Silva (2005) pointed out that almost one-fifth of students (18 percent) say that faculty staff often or occasionally sexually harass students. Conversely, only one-quarter of students (25 percent), say that faculty and staff never harass students. A few of harassed students have been harassed by a professor. Only a small number of students cite resident advisers, security guards, coaches, counselors, or deans as harassers. While faculty/staff-to-student sexual harassment does not typically happen, these percentages imply that roughly half a million undergraduate students are sexually harassed by faculty or other college personnel while in college.

Hill and Silva (2005) further stressed that sexual harassment by faculty can be especially traumatic because the harasser is in a position of authority or power. One indication that students find sexual harassment by a faculty or staff member especially objectionable is that the majority of students (78 percent) say that they would report an incident if it involved a professor, teaching assistant, or other staff member, whereas less than half (39 percent) say they would report an incident that involved another student. Although, students in their culture or country may feel safer reporting faculty and staff harassment because it feels more egregious than peer harassment, which may present the possibility of ridicule and may be seen as something students should be able to handle on their own, the same may not be obtainable here due to issue of power and the victims might not have the courage to report such incidence for fear of victimization.

### **Recipient/victim of SH**

Findings from the study show that male and female are being harassed. Both male and female students are harassed, but in different ways. This is supported by Hill and Silva (2005) who reported that more a majority of male and female respondents are equally likely to encounter sexual harassment in their college lives. Important differences between men and women are evident, however, when the types of harassment—as well as reactions to these experiences—are considered. Female students are more likely to experience sexual harassment that involves physical contact (35 per cent versus 29 per cent).

### **Perceived Predisposing factors to sexual harassment**

The study revealed that certain behavioural patterns were perceived to be predisposing factors for sexual harassment. These included wearing of suggestive dresses; More than half (55.2%) respondents report to have been harassed as a result of wearing certain (provocative) dress. Association with certain peers (56.0%) is another factor while 52.4% were reportedly sexually harassed as a result of attending social parties.

This finding is corroborated by existing works by Adetunji (2008) and Taiwo et al (2014) where indecent dressing pattern among female students who almost go naked in their appearance as well as negative peer influence were reported as a driving factors for continued incidence of SH. Discussing factors that may likely predispose perpetrator of sexual harassment to the act, Kaye (1996), Madison (2002), Ogunbameru (2006), Corgin 2009 and Gaba (2010) enumerated, among

others, suggestive or provocative dressing, partying negative peer influence, alcoholism as predisposing factors to sexual harassment.

### **Consequences of sexual harassment**

Findings from the study showed that the common consequences or the effect of sexual harassment on students or victims in the higher institution are hatred towards the perpetrator, having feeling of depression over the incident (80.8%), inability to concentrate on study/academic (68.0%), fear of going to where the incident happened(74.8%) and experienced failure in academic (56.6%). As mentioned by the respondents, the degree of effect differs from person to person. The finding is in line with the study of the American Association of University Women [AAUW] (2006) where they reported physical and emotional effects from sexual harassment on female students: 68% of female students felt very or somewhat upset by sexual harassment they experienced, 6% were not at all upset, 57% of female students who have been sexually harassed reported feeling self-conscious or embarrassed, 55% of female students who have been sexually harassed reported feeling angry and 32% female students who have been sexually harassed reported feeling afraid or scared.

The AAUW (2006) also found that sexual harassment affects academics and achievement, and that about 16% of female students who have been sexually harassed found it hard to study or pay attention in class, 9% of female students dropped a course or skipped a class in response to sexual harassment, 27% of female students stay away from particular buildings or places on campus as a result of sexual harassment.

For some reasons sometimes, it is difficult to assess the actual extent of the effects of sexual harassment as a whole. Although many studies indicate the issue to be widespread and take a serious toll on the victim, critics say that many studies get response only from people who have experienced sexual harassment, and such experiences might be exaggerated ([www.de2.psu.edu/harssment/generalinfo.html](http://www.de2.psu.edu/harssment/generalinfo.html)). In schools however, many scholars complain that sexual harassment remains an unspoken secret, with teachers and administrators refusing to admit the problem exists in their schools, thereby, not accepting their legal and ethical responsibilities to deal with it (Dziech and Weiner, 1990).

To buttress the finding of this study, AAUW (2002) in their study also showed that headaches, backaches, nausea, weight loss or gain, sleep disturbance, neck pain, tiredness and psychological reactions, such as depression, anxiety, fear, anger, shame, guilt, helplessness, isolation, lowered self-esteem, lowered self-confidence, and nervousness are common for university students who fall prey to sexual harassment (AAUW, 2002). College students are known to have forfeited work, research, education comfort and even future career, due to sexual harassment (AAUW, 2002). Thacker, (1996) argues that formal education is an important factor in an individual's career and personal development, and so stunting or obstructing a person's educational accomplishment can have severe consequences. Further negative effects include lower morale, decreased job satisfaction, and poor time-keeping (Stanford and Gardiner, 1993). Previous researches have shown that over a period of time, even low level frequent sexual harassment can lead to significant negative consequences for student victims (Schneider et al, 1997).

Aluede, Imokhire and Idogho (2011) also reports that sexual harassment has negative impacts on the academic performance of victims. Victims of sexual harassment face some of the following problems: difficulty in concentration; fear; ill at ease; low self-esteem; and lower grades.

Rubenstein (1992) also identifies anxiety, tension, irritability, depression, headaches, sleeplessness, fatigue and deterioration of personal relationships as stress related consequences of sexual harassment. Further negative effects on the individual include lower morale, decreased job satisfaction, and poor time-keeping (Stanford and Gardiner, 1993). Previous researches have shown that over a period of time, even low level frequent sexual harassment can lead to significant negative consequences for the victim (Schneider et al, 1997). For these reasons, it would be pertinent to address this issue in academia.

Studies have also shown that consequences of sexual harassment even at low levels include impaired psychological wellbeing resulting in lowered self-esteem, nervousness, irritability and anger (Popovich, 1988) and (Taiwo et al 2014).

### **Coping strategies against sexual harassment**

The nature many people here is that reservation about sexuality and unwanted sexual conduct. Nearly all students would have seen sexually harassing behaviours—as well as violent assault and rape—on television, in magazines, or in movies. However, most students do not or would not want to discuss their personal experiences with sexual harassment openly. Finding from the study show that about one third of the respondents would report such incidence to school authority, listen to music to soothe the feeling, talk to a pastor/imam, talk to a lecturer about the incidence, identify situation that is likely to lead to sexual harassment and avoid such in the future, break any relationship with the perpetrator of sexual harassment and engaged in verbal confrontation with the abuser.

This is in contrast with the findings of Hill and Silva (2005) reported that about a quarter of female students and 44 percent of male students who have encountered sexual harassment have never told anyone. Dealing with sexual harassment in a contradictory culture is a challenge for any institution. For instance, for colleges and universities—which are simultaneously home, workplace, and learning environment—drawing the line is especially challenging. Nevertheless, dealing with sexual harassment on campus is essential to ensure a safe and welcoming educational climate for all students. Cugin and Fish (2009) also support to Hill and Silva findings that those who are sexually harassed display common coping strategies: i.e. indirect expression of anger, denial or minimization of the incident, and compliance; as well as feelings of powerlessness, aloneness, fright, humiliation, and incidence of post-traumatic stress disorder (Willness, Steel and Kibeom, 2007). Madison, Hamlin and Hoffman (2002) examined the experiences of perioperative nurses and reported that sexual harassment, sexual intimidation, physical assault, and verbal abuse accounted for 45 percent of all traumatic events reported by perioperative nurses and was a significant source of occupational stress.

### **Satisfaction of coping strategies**

Finding from the study showed that more than half of the respondents were personally satisfied with way they handle incidence of sexual harassment, many of them still lack essential coping strategies and adequate reporting skills. Also, about one fifth indicated that there is an



established body or commission set aside to take care of sexual harassment reports in the school while about one tenth were satisfied with the ways the established body has been handling sexual harassment incidences. These reports indicate a lapse in the Institutional policy against sexual assaults including sexual harassment in the School of Nursing, UCH, Ibadan.. Some of the suggestions by which individuals, school authorities and government can better handle sexual harassment in the school environment are through health education, legalization of all case of sexual harassment, public enlightenment, counseling programme should be made, enactment of jail term of sexual harassment, policy should be made against sexual harassment, regulation should be made on dressing code and making rules and law which serve as punishment.

#### Hypotheses Tested

Hypothesis one which tested no significant association between perception of sexual harassment and prevalence of sexual harassment was accepted by this study. The result indicated that there was significant association between perception of sexual harassment and prevalence of sexual harassment. This findings support the idea of Fairchild (2010) who suggested that: it is the perception of the target or victim that determines if the event was indeed harassing ... it is up to the victim to label the behaviour harassment ... this suggests that there are a multitude of potential individual and situational variables that can influence the perception of harassment.

Another study conducted by Mckinney (1990), involving 188 male and female academics, observed that students experience significant body language, physical advances, and explicit sexual propositions from both colleagues and staff. Similarly, Machen and DeSouza (2000), reported that 53% male professors experienced at least one sexually harassing behaviour from female students.

This was also corroborated by Alan (1987), Preston (1990), Finnis and Robbins (1994) as reported by Rippon (2000), they see sexual harassment, although a form of aggression, has been an on-going problem. They pointed out that between 16% and 76% of nurses have experienced sexual harassment. Kinross (1992) in Rippon (2000) also reported that 17% of nursing staff have been sexually assaulted.

A research conducted in Nigeria by (Fayankinnu, and Nnorom, 2004) on increase in SH towards students supports this finding, reported a steady increase in SH towards campus students.

Hypothesis two which tested no significant association between attending social party and incidence of sexual harassment among students of the school of nursing was accepted by this study. The result indicated that there is significant association between attending social party and experience of sexual harassment by the students. Prior researches support this finding, for example, Bronner et al (2003) posited that nursing students may be exposed to sexual harassment more, being in a sociable profession or as a result of frequent exposure to social settings and considering their precarious position of being in a weak position in the authority during the clinical training.

“The higher female preponderance” affirms what has been documented earlier; (Menon et al., 2009). Furthermore, other researchers like Finnis and Robins (1994); Muijsenbergh and Largo-Janssen, (2005); Owoaje and Olusola-Taiwo, (2010) reported similar results. This finding is also corroborated by existing works by Adetunji (2008) and Taiwo et al (2014) where partying, indecent dressing pattern as well as negative peer influence were reported as driving factors for continued incidence of SH. Also, discussing factors that may likely predispose perpetrator of sexual harassment to the act, Kaye (1996), Madison (2002), Ogunbameru (2006), Corgin (2009) and Gaba (2010) enumerated, among others, partying, negative peer influence and alcoholism as predisposing factors to sexual harassment.

Harassment between students may be viewed differently based on the perceived norms of gendered behavior in academic settings and in social/party settings. This finding is consistent with an article published in New York by Lisa Belkin (2011), it discussed the significant gap between women’s expectations of fair treatment in the classroom versus at a party on the weekend. After returning to Princeton, her alma mater, to teach, Belkin noticed that inequality that she experienced as a female student still reigned in the collegiate social realm.

Hypothesis three which tested no significant association between suggestive dressing and sexual harassment experienced by the students of the school of nursing UCH was accepted by this study. The result indicated that there is significant association between suggestive dressings and experience of sexual harassment by the students. The perception of 'suggestive behaviour' may also be influenced by attribution errors. This finding is in line with the fundamental attributional error hypothesis, which shows evidence that males are more likely than females to attribute blame to the target and to recommend lighter punishment; and both males and females attribute more blame to targets who do not complain than to those that do complain (Kanekar & Dhir, 1993). This finding is also consistent with previous research carried out by Aluede, Imokhire and Idogho (2012), Fayankinnu(2012) and Okwu (2006) who found that students and their teachers were reportedly unable to concentrate on their academic work under such an environment.) The result of this study is also supported by existing works by Adetunji (2008) and Taiwo et al (2014) where indecent dressing pattern among female students who almost go naked in their appearance was reported as a driving factor for continued incidence of SH. Kaye (1996), Madison (2002), Ogunbameru (2006), Corgin 2009 and Gaba (2010) also enumerated, among others, suggestive or provocative dressing and partying as predisposing factors to sexual harassment.

Hypothesis four which tested no significant association between course of study and experience of sexual harassment among students of the school of nursing, UCH was rejected by the study. The result indicated no significant association between course of study and sexual harassment experienced by students. There is still need further research in the area regarding association between different courses of study at the SNUCH and experience of sexual harassment.

Hypothesis five tested no significant association between respondents' sex and satisfaction of coping strategies among students of the school of nursing, UCH. The hypothesis was accepted by the study. The result indicated that there is significant association between sex and satisfaction of coping strategies among students. This finding is in line with the previous research carried out by Stockdale (2006) who revealed that, contrary to conventional wisdom, individuals who experienced frequent SH and who used confrontive coping strategies tended to experience worse job outcomes than did others. Furthermore, use of confrontive coping tended to amplify associations between harassment pervasiveness and consequences, especially for men.

This finding is also supported by Anglo American research on the avoidance/denial and confrontation as among the most and least prevalent responses, respectively, to sexual harassment in the workplace/ academia (e.g., Fitzgerald et al., 1995; Gutek & Koss, 1993). Common strategy for many targets is to avoid the perpetrator or the harassing context if possible (Gruber, 1989; Gutek, 1985). Other low-intervention strategies may be more cognitively oriented, comprising denial and minimization of the seriousness of the situation. In contrast, confrontation/negotiation involves addressing the perpetrator directly—asking or insisting that the offensive behaviour cease. Main coping strategies employed by victims of sexual harassment in this study highlight the importance of building the capacity of community gate keepers such as religious leaders for effective management of sexual harassment.

#### **Implications of the findings for Health Education**

The menace of sexual harassment has very absurd implication on reproductive and educational terrains of the society. Among students, sexual harassment has contributed to negative psychological, emotional and reproductive health experiences. The consequences of sexual harassment as reported in this study do not end where SH was experienced rather, the effect goes on for a long time if not for a life time with varying pathological impacts on reproductive health education. Inadequate coping strategies or skills against SH among students of the School of Nursing UCH, is also reported to be low compounding the challenges posed by the menace.

Eager to assert their adult independence, tertiary institution students want to view sexual harassment as something they can prevent, avoid, or manage on their own. Most do not report it or even talk openly about it as a serious issue. Still, sexual harassment is a familiar topic for higher education students including those in the School of Nursing. Perhaps as their own test of boundaries, students joke about what is and isn't sexual harassment, sarcastically exclaiming, "That's sexual harassment" or "I'll sue you for sexual harassment." Meanwhile, many of these same students privately admit to being upset by sexual harassment. Hill and Silva (2006).

Students' attitudes about sexual harassment are a combination of uncertainty and contradiction. Students recognize that lines are being crossed, but they also know that these lines are blurry and open to interpretation. When is sexual harassment a joke and when is it a problem? Who

decides? These questions confound students and others in the academic community. Meanwhile, sexual harassment “happens all the time,” is “just the way it is,” and is “part of college life,” according to students. How is the standard of appropriate behaviour determined on a college campus? At what point does one student’s freedom of expression interfere with another student’s access to education?

Colleges and universities face the difficult test of promoting an atmosphere of free and creative expression while also enforcing standards of behaviour that result in a climate that supports learning for all students. As it stands, college students are struggling to understand and determine these standards for themselves— and often failing.

College students may be struggling to draw the line on sexual harassment for several reasons. First, the pervasiveness of sexual harassment on campuses may diminish its perceived importance. Students may not want to get upset about something that “happens so often it almost feels normal.” Some students may assume that the prevalence of sexual harassment is a sign that other people think that it is okay, and these students may prefer to ignore its negative effects rather than be singled out as different. AAUW (2006)

Changes in traditional gender roles further complicate the question of where to draw the line. For young men, asserting and exhibiting masculinity remains paramount. Be a man! Don’t be a girl, a sissy, a fag. Yet college women also find themselves in strange waters. They, too, receive messages that they can and should assert themselves sexually, but the messages about how to do so are confusing. Should they be sexually aggressive? If so, are they to blame if they experience sexual harassment? These young women second-guess their actions (and inactions) and tend to sweep actual incidences of sexual harassment under the rug. Thus reporting suffers the needed practice and this has a grieving consequence on the fight against sexual harassment. Adetunji (2008)

Sexual harassment on campus has serious implications for students. At the same time, a campus culture that tolerates sexual harassment has implications that extend far beyond the campus community. Attitudes and behaviours that are established in college will find their way into all aspects of society, from the workplace to the courtroom to family life. Taiwo et al (2014).

Dialogue and discussion is the first step toward drawing the line on sexual harassment on campus. The point is not merely to avoid lawsuits—although dialogue on the issue should help to do this—but to foster a climate on college campuses that supports rather than stifles students' emotional well-being and intellectual growth. AAUW (2006)

Through sensitization, enlightenment campaign as well as training on issues surrounding sexual harassment, students will be assisted to a great extent in drawing the line between what constitute sexual harassment and what it is not. They will be exposed to what and where they can seek help in case they fall victim. And the problem of silence will be taken care of. Ogunbameru (2006)

Sexual harassment defies a simple solution but demands action. It is unlikely to go away on its own. Talking candidly about the problem—seeking commonalities but acknowledging the inevitable conflicts—is a necessary step toward creating a harassment-free climate in which all students can reach their full potential. Garba (2010)

Greater importance than before should be laid on the need to eradicate SH from academic environment as it constitutes a great risk on reproductive health of both students and workers in the environment.

### **Conclusion**

Sexual harassment has been found to be prevalent among the students of the School of Nursing, UCH, Ibadan, with the females being the predominant recipients. The act which is of various types occurs at different places within the school environment and it is perpetrated by predominantly male harassers. A number of factors have been identified as predisposing victims to experiencing SH. The study revealed that institutions of higher learning still have a lot to do to foster a campus climate that is free from bias and harassment so that all students will have equal opportunity to safety and then excel in higher education. As this research documents, higher institution students including those in School of Nursing experience some type of sexual harassment while at school, ranging from unwanted sexual remarks to forced sexual contact, these experiences cause students, especially female students, to feel upset, uncomfortable, angry, and disappointed in their school experience, some find it difficult to concentrate on their academics or experience academic failure. In response, students avoid places on campus, change

their schedules, drop classes or activities, or otherwise change their lives to avoid sexual harassment. Many institutions of higher learning have no policies in place, this makes sexual harassment to continue to have a damaging impact on the educational experiences of many college students.

Based on the inferences drawn from the study, issues of sexual harassment at the School of Nursing have to be dealt with all determination and sincerity. This may suggest the need for a deliberate policy to address sexual harassment. With a sexual harassment policy that is widely circulated the academic community will be able to understand that the university will not tolerate sexual harassment and know that sexual harassment is illegal and is against policy. They will also know where to get professional help.

There is still need further research in the area regarding course of study and sexual harassment. The result of Hypothesis four which tested no significant association between course of study and experience of sexual harassment among student nurses in UCH which indicated no significant association between course of study and sexual harassment experienced by students could be further investigated.

### **Recommendations**

The challenges and recommendations based on the findings of this study are as follow:

(1) Proper legal definition of what constitutes sexual harassment is needed:

Although the respondents provided an understanding of sexual harassment that was close to the universally acceptable definition, it is still important that all the relevant documents in the School of Nursing, UCH should have a clear definition of the same and clear cut information about, and implication of perpetrating SH should be made available to all stakeholders within the school environment.

(2) A clear school policy on sexual harassment is essential as the school of nursing still lags behind in developing a sexual harassment policy.

(3) Clearly defined structures to report cases of sexual harassment should be established and empowered. As already discussed in the findings, the current structures of the school

disciplinary committees have proved ineffective in relation to dealing with issues of sexual harassment. The School of Nursing community doesn't trust the current set-up and hence it will not have a long term impact in curbing harassment. Employers and employees should clearly communicate that sexual harassment will not be tolerated. They can do so by establishing an effective complaint or grievance process and taking immediate and appropriate action when an employee complains.

(4) Basic training regarding sexual harassment is highly essential, the 'culture of silence', fear of reprisals and fear of being labeled by the college community (stigmatization) should be ameliorated. There is need for a strong political will amongst stakeholders of nursing education to debate over this issue and find lasting solutions to it as it has constituted major reasons why SH is on the increase in the school environment

(5) An effective guidance and counseling service within the school environment could help to assist students to find solutions to educational, social, psychological, emotional as well as health problems in the school environment. So there is a dare need to put this in place as it has never been in practice in the school of nursing.

(6) There is also need for advocacy. Of importance is the role of concerned local and foreign organizations and government agencies to organize periodic empowerment programmes aimed at reducing incidence of SH and building effective coping strategies and skills against SH for students and others in the academic environment.



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## APPENDIX I

### QUESTIONNAIRE ON PREVELENCE OF SEXUAL HARASSMENT AND COPING STRATEGIES AMONG STUDENTS OF UNIVERSITY COLLEGE HOSPITAL SCHOOL OF NURSING, IBADAN

#### INTRODUCTION

My name is **Isaac Kayode Omotosho**, a student of department of Health Promotion and Education, faculty of Public Health College of Medicine, University of Ibadan.

I am carrying out a study on prevalence of Sexual Harassment among students of U.C.H. School of Nursing Ibadan. Participation in the study is voluntary and the information you supply would be kept confidential. You don't need to give or tell your name hence any respondent cannot be traced. The purpose of this study is to generate data on the above subject for purely academic reasons.

#### SECTION A: Demographic Data

Please fill or tick like this (√) where applicable

1. Age: .....
2. Sex: (1) Male  (2) Female
3. Nationality: (1) Nigerian  (2) Others (specify).....
4. Religion: (1) Christianity (2) Islam  (3) Traditional   
(4) Others (specify) .....
5. Course of study: (1) Basic Nursing  (2) Midwifery   
(3) Perioperative  (4) Occupational Nursing
6. Level or class: (1) 100 L  (2) 200 L  (3) 300 L   
(4) Others (specify) .....
7. What type of family setting are you from?  
(1) Monogamy  (2) Polygamy  (3) Divorced parent   
(4) Widowed parent  (5) Others (specify).....



**SECTION B: Perception of sexual harassment among student Nurses.**

8. Sexual Harassment is any verbal or physical conduct of sexual nature that is offensive, intimidating and humiliating.  
 (1) Yes  (2) No  (3) Don't know
9. If yes to question 8, does sexual harassment occur in this setting/environment?  
 (1) Yes  (2) No
10. Do you perceive sexual harassment as common in this environment?  
 (1) Yes  (2) No  (3) Don't know
11. If yes to question 10 above, who are the usual perpetrators of sexual harassment?

Perception of Sexual Harassment among student Nurses

	<b>Medical Professionals</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
A	Male physicians/Resident Doctors			
B	Female physicians/Resident Doctors			
C	Pharmacists			
E	Male Nurses			
F	Female Nurse			
	<b>Lecturers</b>			
G	Male Lectures/Consultants			
H	Female Lectures/Consultants			
	<b>Students</b>			
I	Male Student Nurses			
J	Female Student Nurses			
K	Male Medical Student			
L	Female Medical Student			
	<b>Others</b>			
M	Student Male friends			
N	Student Female friends			
O	Male Patients			
P	Female Patients			
Q	Visitors to the Hospital			
R	In Patients relations			
	Others Specify _____			

12. A victim of sexual harassment could be male or female (1) Yes  (2) No

**SECTION C: Prevalence of Sexual Harassment**

Please indicate your experience about the following. Stating whether Yes or No.

**Physical Sexual Harassment**

S/N	Statement	Yes	No
13	Someone ever touched your breast or any other part of the body in a way you did not like		
14	Someone hugged you without your consent		
15	Someone kissed you against your wish		
16	Someone forced you to sexually explicit materials i.e blue film, magazine etc.		
17	Someone tried to forcefully have sex with you.		
18	Someone threatened you with charms (Juju) to make you love him/her or have sex.		
19	Someone insisted to having sex with you		
20	Someone offered material things to entice you for sex		
21	Someone gave you money to seduce you into having sex.		
22	Someone twisted your arm or handshaked you in an unwelcome way		
23	Someone attempted to or actually put drugs into your drinks/food to make you sleep so he can have sex with you		
24	Someone grabbed you or held you too firmly suspiciously.		
25	Someone looked or stared at any part of your body in an unwelcome way.		
26	Someone threw an object at you to entice your attention.		
27	Someone made sexual gestures at you.		
28	Someone attempted to view, see or look at your sexual organ without your knowledge.		
29	Someone brushed his body against your own in an unwelcomed manner.		

**Verbal/Psychological Sexual Harassment**

S/N	Statement	Yes	No
30	Someone said something to belittle you to make you feel inferior.		
31	Someone did something to make you feel unhappy (spite you )		
32	Someone said something to humiliate you		
33	Someone threatened to make you fail an examination if you don't consent		
34	Someone threatened to make you suffer in a way if you don't consent.		
35	Someone threatened to kill you.		
36	Someone made a derogatory comment about you ( comments that make you sad or angry)		
37	Someone made unwelcome jokes with you about sexual issues.		
38	Someone made jest of you about dressing or about related matters.		
39	Someone eyes you or made sexual gesture at you.		
40	Someone intimidated you in a way or the other because of sexual matters		

41. What kinds of sexual harassment do you know as common in this environment? Please tick as many as applicable

- (a) Unwelcome touching of sexual or sensitive organs
- (b) Displaying sexually explicit drawings, picture, films and written materials
- (c) Sexual demand
- (d) Unwanted words/jokes
- (e) Threat to fail examination if do not consent
- (f) Offering money/material to seduce students
- (g) Spreading rumors about other's sexual activity.
- (h) Drug sedation
- (i) Others Specify.....

42. Where does Sexual Harassment occur most in this environment? Tick as many as applicable;

- (a) in the Hospital
- (b) in the Hospital premises
- (j) in the offices
- (k) in the ward
- (l) In the hostel
- (m) In the recreation facilities like canteen, field or play, common room etc.
- (n) Others (Specify) .....

43. Has any of your close friends ever been harassed?

- (1) Yes
- (2) No

44. Who was the harasser? .....
45. Where did the harassment occur? .....
46. Have you ever been sexually harassed?
47. Who was the harasser? .....
48. Where did the harassment occur? .....
49. Have you ever been sexually harassed as a result of your association with a friend?  
 (1) Yes  (2) No
50. If yes where did the harassment occur? -----
51. Have you ever been sexually harassed as a result of putting on a particular (suggestive) kind of dress? (1) Yes  (2) No
52. If yes, which dress among the following did you put on when the harassment occurred?
1. Mini/Micro-skirt
  2. Jumper
  3. Body hug
  4. Pencil
  5. Spaghetti
  6. Native dress
  7. Sarg
  8. Tub
  9. Jeans skirt
  10. School uniform
  11. Others (specify) \_\_\_\_\_
53. Where do you normally go for leisure or recreation while at school?  
 -----  
 .....
54. Have you ever been sexually harassed in any of these recreation centres?  
 (1) Yes  (2) No
55. If yes, where exactly among the recreation places? -----
56. Who was the perpetrator? -----
57. Have you ever been sexually harassed at any of these settings? Tick as many as applicable; **(A) Academic setting:** (i) Classroom  (ii) Ward   
 (iii) Hospital Premises  (iv) Library/lab   
 (v) Reading room  (vi) Others specify \_\_\_\_\_  
**(B) Recreation setting:** (i) Playing ground  (ii) Dining room

- (iii) Reading room  (iv) Hostel  (v) Others specify-----
58. How often do you attend parties? (a) Often  (b) Periodically  (c) Rarely   
d) Never
59. Have you ever been sexually harassed either Physically, Verbally, Visually or psychologically at the parties? (a) Yes  (b) No
60. If your answer to the above is Yes. How many times in the last 12 months  
(a) 1 – 2 times  (b) 3-5 times  (c) 5 – 10 times   
(d) more than 10 times
61. Who was the perpetrator? .....
62. Please can you describe the type of sexual harassment experience?  
.....
63. Have you ever been sexually harassed as a result of watching a film/Phonographic picture? (a) Yes  (b) No
64. If yes, at where? \_\_\_\_\_
65. How many times? \_\_\_\_\_

**SECTION D: Consequences of sexual Harassment**

To what extent did Sexual Harassment caused or aggravated these.

S/N	Statement	Strongly Agree	Agree	Strongly Disagree	Disagree	Not sure
66	Arousal to sexual feelings					
67	Hatred towards the perpetrator					
68	Feeling of low self esteem					
69	Feeling of depression					
70	Feeling of distrust					
71	Unability to concentrate on academics					
72	Feeling inferior					
73	Fear					
74	Avoiding the person or place despite necessities					
75	Academic failure					
76	Feeling of distress					
77	Feels like leaving the Hospital/School environment					
78	Others Specify					

**SECTION E: Coping strategies against Sexual Harassment among Student Nurses.**

What did you do when you were sexually harassed? Check the table below and choose your responses.

		Yes	No	Don't know
79	Report to School's established Authority			
80	Listen to music to soften the feeling			
81	Go to a place of worship for religions activities			
82	Read a Journal and book to deal with the remorse.			
83	Seek counsel from (a) Pastor/Imam (b) Lecturer (c) Administrator in the school	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
84	Withdraw from the place or the perpetrator			
85	Engage In verbal confrontation with the person i.e abuse him/her.			
86	Simply tell the person that the act is unwelcome and should be stopped.			
87	Fight with the perpetrator			
88	Be angry with the person and scorn him/her			
89	Ignore the person			
90	Break a relationship with someone who perpetrates sexual Harassment			
91	Identify a situation that is likely to lead to sexual harassment and avoid such situation.			

92. Are you really satisfied with the ways you personally handle incidence of Sexual Harassment (1) Yes  (2) No  (3) Don't know
93. Is there any established body or commission set aside to take care of sexual Harassment reports in this school? (1) Yes  (2) No  (3) Don't know
94. If yes to the above,  
Are you satisfied with the ways the established body has been handling Sexual Harassment incidences. (1) Yes  (2) No  (3) Don't know
95. If No, why? .....

96. Please, suggest ways by which individuals, school authorities and the Government can better handle sexual harassment in our school environments.

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**APPENDIX 11**

**INFORMED CONSENT FORM**

I am Omotosho I. Kayode, a student of the Department of Health Promotion and Education, College of Medicine, U.I. Ibadan. I am carrying out a study on Sexual Harassment and coping strategies among students of U.C.H Nursing School, Ibadan. I am having some questions for you about this subject.

As a nursing student in the UCH School of Nursing, you are requested to kindly answer these few questions I have here for the research work. Please note that your responses will be kept very confidential. Your questionnaire will be given a number and your name is not required on it so you cannot be traced with the instrument. The information you and others give me will be used for purely academic reasons, though may also be used by the Government, concerned Agencies/NGOs to help find solution(s) to problems relating to the issue.

During the exercise of collecting information, you are assured that no harm or injury is attached to the exercise now or later.

Your honest answers to the questions will help us to identify the prevalence, types, perpetrators, places of occurrence and consequences of Sexual Harassment as well as coping strategies adopted against it here. This will help agencies concerned to plan adequate intervention/training programme.

You are free to refuse to take part in this study and you have right to withdraw at any given time if you choose to. I will be very grateful if you help to honestly respond and take part in this study.

Consent: Now that the study has been well explained to me and I fully understand the content of the study process, i am willing to take Part in the programme.

.....  
**Signature of the participant & Date**

.....  
**Signature of the interviewer & Date**



TELEGRAMS.....

TELEPHONE.....



**MINISTRY OF HEALTH**  
DEPARTMENT OF PLANNING, RESEARCH & STATISTICS DIVISION  
PRIVATE MAIL BAG NO. 5027, OYO STATE OF NIGERIA

Your Ref. No. ....  
All communications should be addressed to  
the Honourable Commissioner quoting

Our Ref. No: AD 13/479/159

Date: 19<sup>th</sup> October, 2011

The Principal Investigator,  
Department of Health Promotion & Education,  
Faculty of Public Health,  
College of Medicine,  
University of Ibadan,  
Ibadan.

**Attention: Omotosho, Isaac Kayode.**

*Ethical Approval for the Implementation of Your Research Proposal in Oyo State.*

This acknowledges the receipt of the corrected version of your Research Proposal titled "*Sexual Harassment and Coping Strategies among Students of School of Nursing, University College Hospital, Ibadan, Nigeria*".

The Committee has noted your compliance with all the ethical concerns raised in the initial review of the proposal. In the light of this, I am pleased to convey, to you, the approval of the committee for the implementation of the Research Proposal in Oyo State, Nigeria.

Please, note that the committee will monitor, closely, and follow up the implementation of the research study. However, the Ministry of Health would like to have a copy of the results and conclusions of the findings as this will help in policy making in the health sector.

Wishing you all the best



Mrs V.A. Adepoju  
Director, Planning, Research & Statistics  
Secretary, Oyo State Research Ethical Review Committee.

## APPENDIX IV

### INFORMATION FOR THE GUIDANCE OF NURSING STUDENT

#### 1. CORRESPONDENCE

All Letters should be addressed to:-

School of Nursing,  
University College Hospital,  
Ibadan.

With the Student's first name in addition to the surname, in order to avoid mistakes. Incoming letters are placed in the rack in the Students Lounge. Students should remove only mail addressed to themselves.

Outgoing letters may be posted in any postal agency or office. Registered packets are put in safekeeping until collected from the General Office. Students Concerned shall be noticed.

#### 2. NOTICES

Students are expected to read the Notice Boards regularly.

#### 3. TRANSPORT

Transport may be arranged from time to time to enable Student of Nursing and the Nurses' Hostel is collective responsibility of who make use of the facilities provided. The co-operation of Students in the Students in this respect is appreciated at all times, especially at weekends and during public holidays.

- **WATER TAPS AND ELECTRICAL SWITCHES:**

Special care should be taken to turning off water taps and electric switches when not required to conserve electricity and prevent flooding,

- **PERSONAL POSSESSIONS:**

Students are themselves responsible for the care of all personal possessions. The school will not be responsible for any loss of valuables left carelessly.

- **ELECTRICAL AND ELECTRONIC DEVICES:**

Irons, as well as cookers are to be used in utility rooms. They must first be checked by the electrician and regularly to correct faults. Only small table top cassette or CD players and transistor radio is allowed. When in use should be turned down low between the hours of 10.00a.m and 5.00pm in consideration of those on night duty. It is also desirable that undue noise and shouting be avoided at all times. No other electrical appliance is allowed in the hostel.

Request for repair should be reported to home to Home Sister or before 8.00 a.m giving details of block, floor, room number and repair required.

- **WASTE DISPOSAL AND CARE OF BATHS, SINK AND WALLS:**

Bins are available in the utility rooms and elsewhere for the disposal of rubbish. The bins in the bathrooms are provided only for the disposal of such toilet articles as soap wrappings, tooth paste containers etc. and should not be used for any other purpose. No waste should be deposited in sinks and drains

#### **5. THE SCHOOL READING ROOM/LIBRARY**

- The Reading room is open no hostel floors to be used by the students.
- **The Library is open:**
  - Monday – Friday - 8.30a.m to 6.00p.m
  - Saturdays - 9.00a.m to 3.00p.m
- Quietness is required both in the library and on the library stairway. No visitor is allowed in the library.
- All Students are to register to use the school and Medical reference Libraries before they can be allowed into the libraries to read or borrow materials.
- Borrowing: - There is a wide selection of books for general and Professional reading. All outgoing and incoming books should be handed to the Library Officer for registration. Books may be borrowed for an initial period of two weeks, subject to renewal if desired.
- Reference Books, periodicals and newspapers are available for use in the library.
- Student are required to provide library clearance whenever requested especially before leaving the school.

#### **6. NIGHT DUTY**

All students are expected to have some night duty experience at certain times during clinical posting. Night duty starts at 8.00p.m and end at 8.00a.m. Students are entitled to a night off of every night on duty. Expect given night off, student on night duty should be in their own bedrooms between the hours of 10.00a.m and 5.00p.m. They are expected to keep their rooms tidy during the day and to make up their beds properly before going on night duty.

Any student on night duty who feels unwell should report to her ward manager. Students who absent themselves from duty without permission will have the time made up in full at the rate of one day to one hour of absence. Very strict disciplinary action will be taken against students about whom such reports are received three times.

**7. ABSENTEESM**

Student Nurses who absence themselves from class or duty without permission will face strict disciplinary action which may include suspension from training.

**8. STORAGE PREPARATION AND COOKONG OF FOOD**

Meals may be prepared ONLY in the utility rooms provided for that purpose.

- Under no circumstance should any cooking be done in the bedrooms or on the balconies. Students who are found cooking or washing there and throwing water off the balconies will be seriously disciplined. Gas, kerosene or Paraffin cookers are NOT allowed in the nurses hostel.
- Food and cooking utensils should be properly stores away in appropriate large tins with lids to prevent invasion by rat. The tins should be kept on the balconies.

**9. HEALTH AND WELFARE SERVICES:-**

• **SICK-BAY CLINIC TIMES:-**

For students off duty in school block and on afternoon duty	8.00a.m – 10.00a.m 6.00p.m – 8.30p.m
For student on morning duty	8.00a.m – 10.00a.m 6.00p.m – 8.30p.m

- All nurses admitted into sickbay are not expected to leave without the formal discharge by the Home Sister or staff Nurse in charge.

- Visitors to sickbay should also seek the permission of the Home Sister or Staff Nurse.

- Visitors Hours	10.00a.m – 11.30a.m	3.00p.m – 7.00p.m
External visitors		

• **STAFF CLINIC TIMES**

	For all students
Mondays – Fridays	8.00a.m – 10.30a.m
Saturdays and Public Holidays	8.00a.m – 1.00p.m

- **EMERGENCY DEPARTMENT**

Sundays from	8.00a.m – 10.30a.m
Saturdays and Public Holidays from	1.00p.m

### **10. LAUNDRY SERVICES**

Washing and drying of clothes to be done in the laundry room. Clothes could be dried on the lines at the back of Block 11. Clothes can also be dried on towel racks only on the balconies, extra rack are available in the utility rooms. No washing of clothes should be done on the room balconies. No hanging of clothes on the French doors in the rooms or balconies. No washing of crockery should be done in the rooms and balconies

### **11. USE OF SCHOOL LINEN**

It is not permitted to use articles of school of Nursing linen for any purpose other than that for which it is provided. Linen may not be taken from the school of Nursing to the hospital at anytime.

### **UNIFORM**

- Each Student Nurses is responsible for all his/her uniform accessories. Students are also personally responsible items of uniform i.e shoes and Nurse's capes, cardigans, which are their own properties. Cardigans and caps are permitted to be worn with uniform but not while carrying out nursing procedures.
- No nurse should either lend or borrow uniforms. Torn and worn out uniforms should be submitted every Wednesday in Home matron's office. Orders could be place for replacement at the Sick Bay before 10.00a.m. On the appropriate days. Owners will be noticed when replacements are ready.
- Wrist watches should not be worn on the wrist when on duty in the ward or departments or when practicing in the class-rooms.They should be safely pinned to the watch pocket,
- jewellery of any kind is permitted expect wedding rings. (Hair grips if required should be brown or black and plain. Paper clips are not allowed on uniform caps. no rubber bound allowed).

- Students are to pay particular attention to their personal appearance in uniform. Special attention is drawn to the careful handling of ball pointed pens and use of safety pin. Hair styles should be appropriate, neatly packed and suitable for the wearing with uniform and caps. No wigs are allowed and no coloured attachments. Nails should be cut short and no vanish is allowed with uniform.

## **12 RECREATIONAL AND OTHER ACTIVITIES**

- **SPORTS**

This school is a member of Nigeria schools of Nursing and Midwifery Games. Various types of sports equipment are stored in the sport coordinators office. Students should consult the sports coordinator for their use. There are obligatory sport practices for students during blocks of theoretical students from either 7.30a.m – 9.30a.m or 4.30p.m – 6.00p.m on Tuesdays, Wednesday or Thursdays depending on students' level of training.

- Students wishing to join the activities of the U.C.H. Staff Recreation club can be by special student membership. Details are available from the Tutor is general studies or sport coordinator.
- **LOUNGE:** The students' lounge is available for use from 9.00a.m except Mondays when it is available at 1.00p.m. Thoughtful consideration for Nurses on Night Duty is expected. It is closed by 10.00p.m by the Social Director.

- **PARTIES**

Students wishing to organize celebration parties should arrange for use of lounge with the Home Sister's Crockery may be borrowed on a minimal charges for the purpose if available.

## **13. VISITORS**

Students when off duty may receive in the visitors lobby in block 1 between the hour of 8.30a.m and 7.30p.m. Permission to take female visitors to the bedroom may be obtained from Home

Sister or the Warden on duty. Students are not allowed to take visitors into the rooms before 4.00p.m

- The visitors' book at the reception desk must be completed accordingly before the visitors are taken to the bedrooms and when they are leaving the hostels
- Visitors must not be left unattended to at any time.(All visitors are expected to leave by 7.00p.m)

- Accommodation can be provided for visitors in the Nurses' Hostel in cases of emergency at a minimal charge. The Home Matron's office should be contacted.
- Students wishing to have photographs taken in the school compound or to take the visitors around the school grounds should contact the Home matron for permission.

#### **14. ANNUAL HOLIDAYS**

Students are entitled to 21 days annual holidays.

Students going on holiday have to fulfill the following formalities before they will be allowed to go.

- A. All rooms must be completely vacated. (The School will not accept responsibility for the loss of any article left behind in any room). Personal possessions if desired may be left in the box room,
- B. All students returning from holidays are required to personally report to the Home matrons office before 9.00p.m on the last day of the holidays.
- C. All Students who arrive before or after the expiry date of their holiday should report to the Home Sister, Home staff Nurse or warden on duty immediately on arrival for re-allocation of room.

**NOTE:** - Anyone discontinuing his/her training must fulfill the condition in A above leaving the hostel.

- If a student requires returning early from holiday to the School of Nursing he/she should before proceeding make special arrangements with the Home matron.
- Any student who is unable to return from leave due to illness or any other reason should inform the principal as soon as possible, preferably by telephone or email. In the event of ill health a medical certificate is necessary.

#### **PERSONAL BEHAVIOUR**

ABSOLUTE GOOD BEHAVIOUR IS EXPECTED FROM ALL STUDENTS AS DECENT AND RESPECTABLE YOUNG ADULTS AND BUDDING PROFESSIONAL NURSES.

YOU ARE THEREFORE ENJOINED TO REFRAIN FROM THE FOLLOWING INDECENT AND UNBECOMING BEHAVIOURS OR FACE DISCIPLINARY ACTION:-

1. SHOUTING ACROSS TO VISITORS ON THE STREET.

2. INDECENT DRESSING AND EXPOSURE
3. SHOUTING FROM HOSTEL ROOM BALCOBIES ALONG CORRIDORS AND ACROSS AND DISTURBING OTHERS.
4. INCONSIDERATE USE OF RADIOS/SOUND SYSTEMS
5. THROWING WATER AND RUBBISH DOWN FROM THE BALCONIES
6. EXHIBITING DIRTY AND UNHEALTHY HABITS
7. RUDENESS AND USE OF ABUSIVE LANGUAGE
8. FIGHTING
9. STEALING
10. PASTING OF HANDBILLS ON THE WALLS
11. POUNDING IN THE ROOM OR BALCONIES
12. SQUATTING OR ACCEPTING VISITORS/LODGERS
13. FAILURE TO RETURN STAFF CLINIC SLIPS
14. TRUANCY